

Fill in this information to identify your case:

United States Bankruptcy Court for the:

Northern District of Georgia

Case number (if known):

18-55697

Chapter you are filing under:

- ☐ Chapter 7
☐ Chapter 11
☐ Chapter 12
☒ Chapter 13

FILED IN CLERK'S OFFICE
U.S. BANKRUPTCY COURT
NORTHERN DISTRICT
OF GEORGIA

2018 APR -3 AM 8:49

M. REGINA THOMAS

CLERK
BY ☒ Shelly Thompson
amended filing
DEPUTY CLERK

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use *you* and *Debtor 1* to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use *you* to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Identify Yourself

1. Your full name

Write the name that is on your government-issued picture identification (for example, your driver's license or passport).

Bring your picture identification to your meeting with the trustee.

About Debtor 1:

Cassandra

First name

Johnson

Middle name

Landry

Last name

Suffix (Sr., Jr., II, III)

About Debtor 2 (Spouse Only in a Joint Case):

First name

Middle name

Last name

Suffix (Sr., Jr., II, III)

2. All other names you have used in the last 8 years

Include your married or maiden names.

Cassandra

First name

Middle name

Landry

Last name

First name

Middle name

Last name

First name

Middle name

Last name

First name

Middle name

Last name

3. Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)

XXX - XX - 5 1 0 2

OR

9 XX - XX - _____

XXX - XX - _____

OR

9 XX - XX - _____

Debtor 1 **Cassandra Johnson Landry**
First Name Middle Name Last Name

Case number (if known) _____

4. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years

Include trade names and doing business as names

About Debtor 1:

☒ I have not used any business names or EINs.

Business name _____

Business name _____

EIN _____

EIN _____

About Debtor 2 (Spouse Only in a Joint Case):

☐ I have not used any business names or EINs.

Business name _____

Business name _____

EIN _____

EIN _____

5. Where you live

869 Natchez Valley Trace

Number Street

Grayson

City

GA

State

30017

ZIP Code

Gwinnett

County

If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.

Number Street

P.O. Box

City

State

ZIP Code

If Debtor 2 lives at a different address:

Number Street

City

State

ZIP Code

County

If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.

Number Street

P.O. Box

City

State

ZIP Code

6. Why you are choosing this district to file for bankruptcy

Check one:

☒ Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.

☐ I have another reason. Explain.
(See 28 U.S.C. § 1408.)

Check one:

☐ Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.

☐ I have another reason. Explain.
(See 28 U.S.C. § 1408.)

Debtor 1 **Cassandra Johnson Landry**
First Name Middle Name Last Name

Case number (if known) _____

Part 2: Tell the Court About Your Bankruptcy Case

7. The chapter of the Bankruptcy Code you are choosing to file under

Check one. (For a brief description of each, see *Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy* (Form 2010)). Also, go to the top of page 1 and check the appropriate box.

- ☐ Chapter 7
☐ Chapter 11
☐ Chapter 12
☒ Chapter 13

8. How you will pay the fee

- ☒ **I will pay the entire fee when I file my petition.** Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address.
- ☐ **I need to pay the fee in installments.** If you choose this option, sign and attach the *Application for Individuals to Pay The Filing Fee in Installments* (Official Form 103A).
- ☐ **I request that my fee be waived** (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the *Application to Have the Chapter 7 Filing Fee Waived* (Official Form 103B) and file it with your petition.

9. Have you filed for bankruptcy within the last 8 years?

- ☒ No
- ☐ Yes. District _____ When _____ Case number _____
MM / DD / YYYY
- District _____ When _____ Case number _____
MM / DD / YYYY
- District _____ When _____ Case number _____
MM / DD / YYYY

10. Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?

- ☒ No
- ☐ Yes. Debtor _____ Relationship to you _____
District _____ When _____ Case number, if known _____
MM / DD / YYYY
- Debtor _____ Relationship to you _____
District _____ When _____ Case number, if known _____
MM / DD / YYYY

11. Do you rent your residence?

- ☒ No. Go to line 12.
- ☐ Yes. Has your landlord obtained an eviction judgment against you?
- ☐ No. Go to line 12.
- ☐ Yes. Fill out *Initial Statement About an Eviction Judgment Against You* (Form 101A) and file it as part of this bankruptcy petition.

Debtor 1 **Cassandra Johnson Landry**
First Name Middle Name Last Name

Case number (if known) _____

Part 3: Report About Any Businesses You Own as a Sole Proprietor

12. Are you a sole proprietor of any full- or part-time business?

- ☒ No. Go to Part 4.
☐ Yes. Name and location of business

A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.

If you have more than one sole proprietorship, use a separate sheet and attach it to this petition.

Name of business, if any _____

Number _____ Street _____

City _____

State _____

ZIP Code _____

Check the appropriate box to describe your business:

- ☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))
☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))
☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))
☐ None of the above

13. Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor?

For a definition of small business debtor, see 11 U.S.C. § 101(51D).

If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).

- ☒ No. I am not filing under Chapter 11.
☐ No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code.
☐ Yes. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code.

Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention

14. Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?

- ☒ No
☐ Yes. What is the hazard? _____

For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?

If immediate attention is needed, why is it needed? _____

Where is the property? _____

Number _____ Street _____

City _____

State _____

ZIP Code _____

Debtor 1

Cassandra Johnson Landry

First Name Middle Name Last Name

Case number (if known)

Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling

16. Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

- ☒ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

- ☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

- ☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

- ☐ I am not required to receive a briefing about credit counseling because of:

- ☐ **Incapacity.** I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

- ☐ **Disability.** My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

- ☐ **Active duty.** I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

- ☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

- ☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

- ☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

- ☐ I am not required to receive a briefing about credit counseling because of:

- ☐ **Incapacity.** I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

- ☐ **Disability.** My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

- ☐ **Active duty.** I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Debtor 1 Cassandra Johnson Landry
First Name Middle Name Last Name

Case number (if known) _____

Part 6: Answer These Questions for Reporting Purposes

16. What kind of debts do you have?

16a. Are your debts primarily consumer debts? *Consumer debts* are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

- ☐ No. Go to line 16b.
☒ Yes. Go to line 17.

16b. Are your debts primarily business debts? *Business debts* are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment.

- ☐ No. Go to line 16c.
☐ Yes. Go to line 17.

16c. State the type of debts you owe that are not consumer debts or business debts.

17. Are you filing under Chapter 7?

☒ No. I am not filing under Chapter 7. Go to line 18.

Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors?

- ☐ Yes. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors?
☐ No
☐ Yes

18. How many creditors do you estimate that you owe?

- ☒ 1-49
☐ 50-99
☐ 100-199
☐ 200-999
☐ 1,000-5,000
☐ 5,001-10,000
☐ 10,001-25,000
☐ 25,001-50,000
☐ 50,001-100,000
☐ More than 100,000

19. How much do you estimate your assets to be worth?

- ☐ \$0-\$50,000
☐ \$50,001-\$100,000
☐ \$100,001-\$500,000
☐ \$500,001-\$1 million
☒ \$1,000,001-\$10 million
☐ \$10,000,001-\$50 million
☐ \$50,000,001-\$100 million
☐ \$100,000,001-\$500 million
☐ \$500,000,001-\$1 billion
☐ \$1,000,000,001-\$10 billion
☐ \$10,000,000,001-\$50 billion
☐ More than \$50 billion

20. How much do you estimate your liabilities to be?

- ☐ \$0-\$50,000
☐ \$50,001-\$100,000
☐ \$100,001-\$500,000
☐ \$500,001-\$1 million
☒ \$1,000,001-\$10 million
☐ \$10,000,001-\$50 million
☐ \$50,000,001-\$100 million
☐ \$100,000,001-\$500 million
☐ \$500,000,001-\$1 billion
☐ \$1,000,000,001-\$10 billion
☐ \$10,000,000,001-\$50 billion
☐ More than \$50 billion

Part 7: Sign Below

For you

I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.

If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11, 12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.

If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both, 18 U.S.C. §§ 152, 1341, 1343, and 3571.

x Cassandra Johnson Landry
Signature of Debtor 1

Executed on 04/02/2018
MM / DD / YYYY

x _____
Signature of Debtor 2

Executed on _____
MM / DD / YYYY

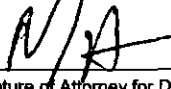
Debtor 1 Cassandra Johnson Landry
First Name Middle Name Last Name

Case number (if known) _____

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page.

I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

x 
Signature of Attorney for Debtor

Date _____
MM / DD / YYYY

Printed name _____

Firm name _____

Number Street _____

City _____

State _____

ZIP Code _____

Contact phone _____

Email address _____

Bar number _____

State _____

Debtor 1 **Cassandra Johnson Landry**
First Name Middle Name Last Name

Case number (if known) _____

For you if you are filing this bankruptcy without an attorney

If you are represented by an attorney, you do not need to file this page.

The law allows you, as an individual, to represent yourself in bankruptcy court, but **you should understand that many people find it extremely difficult to represent themselves successfully. Because bankruptcy has long-term financial and legal consequences, you are strongly urged to hire a qualified attorney.**

To be successful, you must correctly file and handle your bankruptcy case. The rules are very technical, and a mistake or inaction may affect your rights. For example, your case may be dismissed because you did not file a required document, pay a fee on time, attend a meeting or hearing, or cooperate with the court, case trustee, U.S. trustee, bankruptcy administrator, or audit firm if your case is selected for audit. If that happens, you could lose your right to file another case, or you may lose protections, including the benefit of the automatic stay.

You must list all your property and debts in the schedules that you are required to file with the court. Even if you plan to pay a particular debt outside of your bankruptcy, you must list that debt in your schedules. If you do not list a debt, the debt may not be discharged. If you do not list property or properly claim it as exempt, you may not be able to keep the property. The judge can also deny you a discharge of all your debts if you do something dishonest in your bankruptcy case, such as destroying or hiding property, falsifying records, or lying. Individual bankruptcy cases are randomly audited to determine if debtors have been accurate, truthful, and complete. **Bankruptcy fraud is a serious crime; you could be fined and imprisoned.**

If you decide to file without an attorney, the court expects you to follow the rules as if you had hired an attorney. The court will not treat you differently because you are filing for yourself. To be successful, you must be familiar with the United States Bankruptcy Code, the Federal Rules of Bankruptcy Procedure, and the local rules of the court in which your case is filed. You must also be familiar with any state exemption laws that apply.

Are you aware that filing for bankruptcy is a serious action with long-term financial and legal consequences?

- ☐ No
☒ Yes

Are you aware that bankruptcy fraud is a serious crime and that if your bankruptcy forms are inaccurate or incomplete, you could be fined or imprisoned?

- ☐ No
☒ Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out your bankruptcy forms?

- ☒ No
☐ Yes. Name of Person _____

Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

By signing here, I acknowledge that I understand the risks involved in filing without an attorney. I have read and understood this notice, and I am aware that filing a bankruptcy case without an attorney may cause me to lose my rights or property if I do not properly handle the case.

x *Cassandra Johnson Landry*
Signature of Debtor 1

Date 04/02/2018
MM / DD / YYYY

Contact phone 678-860-3621

Cell phone 678-860-3621

Email address mentalhealthcorgi2017@gmail.com

x _____

Signature of Debtor 2

Date _____
MM / DD / YYYY

Contact phone _____

Cell phone _____

Email address _____

Fill in this information to identify your case:

Debtor 1 Cassandra Johnson Landry
First Name Middle Name Last Name

Debtor 2 _____
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: Northern District of Georgia

Case number _____
(If known)

☐ Check if this is an amended filing

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

04/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Give Details About Your Marital Status and Where You Lived Before

1. What is your current marital status?

- ☒ Married
☐ Not married

2. During the last 3 years, have you lived anywhere other than where you live now?

- ☒ No
- ☐ Yes. List all of the places you lived in the last 3 years. Do not include where you live now.

Debtor 1:

**Dates Debtor 1
lived there**

Debtor 2:

**Dates Debtor 2
lived there**

869 Natchez Valley Trace

Number	Street
--------	--------

From 2006

To Present

 Same as Debtor 1

Number	Street
--------	--------

 Same as Debtor 1

From _____.

Ta _____

Grayson GA 30017

City	State	ZIP Code
------	-------	----------

City _____ State _____ ZIP Code _____

☐ Same as Debtor 1

☐ Same as Debtor 1

Number	Street
--------	--------

From

To

Number Street

From _____

To

City	State	ZIP Code
------	-------	----------

City _____ State _____ ZIP Code _____

3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

- ☒ No
- ☐ Yes. Make sure you fill out *Schedule H: Your Codebtors* (Official Form 106H).

Part 2: Explain the Sources of Your Income

Debtor 1 **Cassandra Johnson Landry**
First Name Middle Name Last Name

Case number (if known)

4. Did you have any income from employment or from operating a business during this year or the two previous calendar years?

Fill in the total amount of income you received from all jobs and all businesses, including part-time activities.
If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.

- ☐ No
☒ Yes. Fill in the details.

	Debtor 1	Debtor 2
	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
From January 1 of current year until the date you filed for bankruptcy:	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business
For last calendar year: (January 1 to December 31, <u>2017</u>)	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business
For the calendar year before that: (January 1 to December 31, <u>2016</u>)	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business

5. Did you receive any other income during this year or the two previous calendar years?

Include income regardless of whether that income is taxable. Examples of *other income* are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1.

List each source and the gross income from each source separately. Do not include income that you listed in line 4.

- ☒ No
☐ Yes. Fill in the details.

	Debtor 1	Debtor 2
	Sources of income Describe below.	Gross income from each source (before deductions and exclusions)
From January 1 of current year until the date you filed for bankruptcy:		
For last calendar year: (January 1 to December 31, <u>2017</u>)		
For the calendar year before that: (January 1 to December 31, <u>2016</u>)		

Debtor 1

Cassandra Johnson Landry

First Name Middle Name Last Name

Case number (if known)

Part 3: List Certain Payments You Made Before You Filed for Bankruptcy

6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts?

- ☐ No. Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,425* or more?

☐ No. Go to line 7.

☐ Yes. List below each creditor to whom you paid a total of \$6,425* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

* Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.

- ☒ Yes. Debtor 1 or Debtor 2 or both have primarily consumer debts.

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

☒ No. Go to line 7.

☐ Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

Creditor's Name	Dates of payment	Total amount paid	Amount you still owe	Was this payment for...
_____ Creditor's Name	_____	\$ _____	\$ _____	<input type="checkbox"/> Mortgage <input type="checkbox"/> Car <input type="checkbox"/> Credit card <input type="checkbox"/> Loan repayment <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Other _____
_____ Number Street	_____			
_____ City State ZIP Code				
_____ Creditor's Name	_____	\$ _____	\$ _____	<input type="checkbox"/> Mortgage <input type="checkbox"/> Car <input type="checkbox"/> Credit card <input type="checkbox"/> Loan repayment <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Other _____
_____ Number Street	_____			
_____ City State ZIP Code				
_____ Creditor's Name	_____	\$ _____	\$ _____	<input type="checkbox"/> Mortgage <input type="checkbox"/> Car <input type="checkbox"/> Credit card <input type="checkbox"/> Loan repayment <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Other _____
_____ Number Street	_____			
_____ City State ZIP Code				

Debtor 1 **Cassandra Johnson Landry**
First Name Middle Name Last Name

Case number (if known)

7. Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an Insider?
Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.

☒ No
☐ Yes. List all payments to an insider.

Insider's Name	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
Insider's Name		\$	\$	
Number Street				
City State ZIP Code				
Insider's Name		\$	\$	
Number Street				
City State ZIP Code				

8. Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an Insider?
Include payments on debts guaranteed or cosigned by an insider.

☒ No
☐ Yes. List all payments that benefited an insider.

Insider's Name	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment Include creditor's name
Insider's Name		\$	\$	
Number Street				
City State ZIP Code				
Insider's Name		\$	\$	
Number Street				
City State ZIP Code				

Debtor 1

Cassandra Johnson Landry

First Name Middle Name Last Name

Case number (if known)

Part 4: Identify Legal Actions, Repossessions, and Foreclosures

9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding?

List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.

- ☐ No
☒ Yes. Fill in the details.

Nature of the case	Court or agency	Status of the case
Case title <u>Valeri Burnough Labor</u>	Court Name _____ Number Street _____ City State ZIP Code _____	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
Case number _____		
Case title <u>GA Dept of Community Health</u>	Court Name _____ Number Street _____ City State ZIP Code _____	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
Case number _____		

10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied?

Check all that apply and fill in the details below.

- ☒ No. Go to line 11.
☐ Yes. Fill in the information below.

Foreclosed today on all Real Estate

Describe the property	Date	Value of the property
Creditor's Name _____ Number Street _____ City State ZIP Code _____	_____	\$ _____
Explain what happened <input type="checkbox"/> Property was repossessed. <input type="checkbox"/> Property was foreclosed. <input type="checkbox"/> Property was garnished. <input type="checkbox"/> Property was attached, seized, or levied.		
Creditor's Name _____ Number Street _____ City State ZIP Code _____	_____	\$ _____
Explain what happened <input type="checkbox"/> Property was repossessed. <input type="checkbox"/> Property was foreclosed. <input type="checkbox"/> Property was garnished. <input type="checkbox"/> Property was attached, seized, or levied.		

Debtor 1 **Cassandra Johnson Landry**
First Name Middle Name Last Name

Case number (if known) _____

11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?

- ☒ No
☐ Yes. Fill in the details.

Creditor's Name	Describe the action the creditor took	Date action was taken	Amount
Number Street			\$
City State ZIP Code			
Last 4 digits of account number: XXXX- _ _ _ _			

12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?

- ☐ No
☐ Yes

Part 5: List Certain Gifts and Contributions

13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?

- ☒ No
☐ Yes. Fill in the details for each gift.

Gifts with a total value of more than \$600 per person	Describe the gifts	Dates you gave the gifts	Value
Person to Whom You Gave the Gift			\$
Number Street			\$
City State ZIP Code			
Person's relationship to you			
Gifts with a total value of more than \$600 per person	Describe the gifts	Dates you gave the gifts	Value
Person to Whom You Gave the Gift			\$
Number Street			\$
City State ZIP Code			
Person's relationship to you			

Debtor 1

Cassandra Johnson Landry

First Name Middle Name Last Name

Case number (if known)

14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?

☒ No

☐ Yes. Fill in the details for each gift or contribution.

Gifts or contributions to charities
that total more than \$600

Describe what you contributed

Date you
contributed

Value

Charity's Name

\$

\$

Number Street

City State ZIP Code

Part 6: List Certain Losses

15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?

☐ No

☒ Yes. Fill in the details.

Describe the property you lost and
how the loss occurred

Describe any insurance coverage for the loss

Date of your
loss

Value of property
lost

Include the amount that insurance has paid. List pending insurance
claims on line 33 of Schedule A/B: Property.

3 Automobile Accidents

Will
Provide
attestations

\$

Part 7: List Certain Payments or Transfers

16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition?

Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.

☐ No

☐ Yes. Fill in the details.

Description and value of any property transferred

Date payment or
transfer was
made

Amount of payment

Person Who Was Paid

Number Street

\$

\$

City State ZIP Code

Email or website address

Person Who Made the Payment, if Not You

Debtor 1 **Cassandra Johnson Landry**
First Name Middle Name Last Name

Case number (if known) _____

Description and value of any property transferred	Date payment or transfer was made	Amount of payment
Person Who Was Paid Number Street City State ZIP Code Email or website address Person Who Made the Payment, if Not You		\$ \$

17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?
Do not include any payment or transfer that you listed on line 16.

☒ No
☐ Yes. Fill in the details.

Description and value of any property transferred	Date payment or transfer was made	Amount of payment
Person Who Was Paid Number Street City State ZIP Code		\$ \$

18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?

Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property).
Do not include gifts and transfers that you have already listed on this statement.

☒ No
☐ Yes. Fill in the details.

Description and value of property transferred	Describe any property or payments received or debts paid in exchange	Date transfer was made
Person Who Received Transfer Number Street City State ZIP Code Person's relationship to you		
Person Who Received Transfer Number Street City State ZIP Code Person's relationship to you		

Debtor 1 Cassandra Johnson Landry
First Name Middle Name Last Name

Case number (if known) _____

19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.)

- ☒ No
☐ Yes. Fill in the details.

Name of trust	Description and value of the property transferred	Date transfer was made
_____	_____	_____

Part 8: List Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units

20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.

- ☒ No
☐ Yes. Fill in the details.

Name of Financial Institution	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
_____ Number Street _____ City State ZIP Code	XXXX-____	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other _____	_____	\$ _____
_____ Number Street _____ City State ZIP Code	XXXX-____	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other _____	_____	\$ _____

21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?

- ☐ No
☐ Yes. Fill in the details.

Name of Financial Institution	Who else had access to it?	Describe the contents	Do you still have it?
_____ Number Street _____ City State ZIP Code	_____ Name _____ Number Street _____ City State ZIP Code	_____	<input type="checkbox"/> No <input type="checkbox"/> Yes

Debtor 1

Cassandra Johnson Landry

First Name Middle Name Last Name

Case number (if known)

22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?

☒ No

☐ Yes. Fill in the details.

Who else has or had access to it?

Describe the contents

Do you still have it?

☐ No
☐ Yes

Name of Storage Facility

Name

Number Street

Number Street

City State ZIP Code

City State ZIP Code

Part 9: Identify Property You Hold or Control for Someone Else

23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.

☒ No

☐ Yes. Fill in the details.

Where is the property?

Describe the property

Value

Owner's Name

Number Street

Number Street

City State ZIP Code

City State ZIP Code

\$

Part 10: Give Details About Environmental Information

For the purpose of Part 10, the following definitions apply:

- **Environmental law** means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- **Site** means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- **Hazardous material** means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?

☒ No

☐ Yes. Fill in the details.

Governmental unit

Environmental law, if you know it

Date of notice

Name of site

Governmental unit

Number Street

Number Street

City State ZIP Code

City State ZIP Code

Debtor 1 Cassandra Johnson Landry Case number (if known) _____
First Name Middle Name Last Name

26. Have you notified any governmental unit of any release of hazardous material?

- ☒ No
☒ Yes. Fill in the details.

Governmental unit		Environmental law, if you know it	Date of notice
<div style="border: 1px solid black; height: 40px;"></div>			
Name of site	Governmental unit		
Number Street	Number Street		
	City State ZIP Code		
City State ZIP Code			

26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

- ☒ No
☒ Yes. Fill in the details.

Case title	Court or agency	Nature of the case	Status of the case
	Court Name	<div style="border: 1px solid black; height: 100px;"></div>	<input type="checkbox"/> Pending
	Number Street		<input type="checkbox"/> On appeal
Case number	City State ZIP Code		<input type="checkbox"/> Concluded

Part 11: Give Details About Your Business or Connections to Any Business

27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?

- ☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time
☒ A member of a limited liability company (LLC) or limited liability partnership (LLP)
☒ A partner in a partnership
☐ An officer, director, or managing executive of a corporation
☐ An owner of at least 5% of the voting or equity securities of a corporation

- ☐ No. None of the above applies. Go to Part 12.
☒ Yes. Check all that apply above and fill in the details below for each business.

<u>Alliance for Change Through Treatment LLC</u> Business Name		Describe the nature of the business	Employer identification number Do not include Social Security number or ITIN.
<u>3547 Hubersham @</u> Number Street	<u>Northlake Bldg F</u>	<u>Counseling Partnership</u>	EIN: <u>03-0579090</u>
<u>Tucker GA 30064</u> City State ZIP Code		Name of accountant or bookkeeper <u>Coriel Accounting Consultants Inc</u>	Dates business existed From <u>12/16/05</u> To <u>12/31/17</u>
<u>Attachment 4 Ordway</u> Business Name		Describe the nature of the business	Employer identification number Do not include Social Security number or ITIN.
<u>3548 Hubersham @</u> Number Street	<u>Northlake Bldg F</u>	<u>Counseling</u>	EIN: <u>51-0420910</u>
<u>Tucker GA 30064</u> City State ZIP Code		Name of accountant or bookkeeper <u>Coriel Accounting Consultants Inc</u>	Dates business existed From <u>07/01/02</u> To <u>Present</u>

Debtor 1 **Cassandra Johnson Landry**
First Name Middle Name Last Name

Case number (if known) _____

Describe the nature of the business		Employer Identification number Do not include Social Security number or ITIN.
Business Name		EIN: _____
Number Street	Name of accountant or bookkeeper	Dates business existed
		From _____ To _____
City	State	ZIP Code

28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.

☒ No
☐ Yes. Fill in the details below.

Date issued

Name

MM / DD / YYYY

Number Street

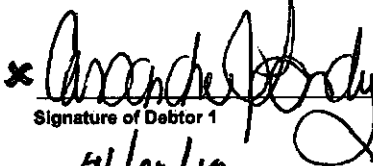
City

State

ZIP Code

Part 12: Sign Below

I have read the answers on this *Statement of Financial Affairs* and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

x 
Signature of Debtor 1

x _____
Signature of Debtor 2

Date 04/02/18

Date _____

Did you attach additional pages to *Your Statement of Financial Affairs for Individuals Filing for Bankruptcy* (Official Form 107)?

☒ No
☐ Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

☒ No
☐ Yes. Name of person _____

Attach the *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

Fill in this information to identify your case and this filing:

Debtor 1 Cassandra Johnson Landry
First Name Middle Name Last Name

Debtor 2
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: Northern District of Georgia

Case number _____

☐ Check if this is an amended filing

Official Form 106A/B

Schedule A/B: Property

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In

1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property?

- ☐ No. Go to Part 2.
☒ Yes. Where is the property?

1.1. 2969 Sweetbriar Walk
Street address, if available, or other description

Snellville GA 30039
City State ZIP Code

Gwinnett
County

What is the property? Check all that apply.

- ☒ Single-family home
☐ Duplex or multi-unit building
☐ Condominium or cooperative
☐ Manufactured or mobile home
☐ Land
☐ Investment property
☐ Timeshare
☐ Other _____

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property? \$ 179,500
Current value of the portion you own? \$ 89,750.00

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

Joint Survivorship

Who has an interest in the property? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☒ At least one of the debtors and another

☐ Check if this is community property (see instructions)

Other information you wish to add about this item, such as local property identification number: _____

If you own or have more than one, list here:

1.2. 1440 Highland Lake Dr
Street address, if available, or other description

Lawrenceville GA 30045
City State ZIP Code

Gwinnett
County

What is the property? Check all that apply.

- ☒ Single-family home
☐ Duplex or multi-unit building
☐ Condominium or cooperative
☐ Manufactured or mobile home
☐ Land
☐ Investment property
☐ Timeshare
☐ Other _____

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property? \$ 313,500
Current value of the portion you own? \$ 156,750.00

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

Joint Survivorship

Who has an interest in the property? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☒ At least one of the debtors and another

☐ Check if this is community property (see instructions)

Other information you wish to add about this item, such as local property identification number: _____

Debtor 1

Cassandra Johnson Landry

First Name Middle Name Last Name

Case number (if known)

1.3. 869 Natchez Valley Trace
Street address, if available, or other description

Grayson GA 30017
City State ZIP Code

Gwinnett
County

What is the property? Check all that apply.

- ☒ Single-family home
☐ Duplex or multi-unit building
☐ Condominium or cooperative
☐ Manufactured or mobile home
☐ Land
☐ Investment property
☐ Timeshare
☐ Other _____

Who has an interest in the property? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☒ At least one of the debtors and another

Other information you wish to add about this item, such as local property identification number: _____

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property? \$ 444600
Current value of the portion you own? \$ 222,300.00

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.
Joint Survivorship

☐ Check if this is community property (see instructions)

2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here. _____

\$ 838,800.00

Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on *Schedule G: Executory Contracts and Unexpired Leases*.

3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles

- ☐ No
☒ Yes

3.1. Make: Merce
Model: 500CL
Year: 2001
Approximate mileage: _____
Other information: _____

Who has an interest in the property? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☐ Check if this is community property (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property? \$ 20000
Current value of the portion you own? \$ 20,000.00

If you own or have more than one, describe here:

3.2. Make: N/A
Model: _____
Year: _____
Approximate mileage: _____
Other information: _____

Who has an interest in the property? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☐ Check if this is community property (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property? _____
Current value of the portion you own? _____

Debtor 1

Cassandra Johnson Landry

First Name Middle Name Last Name

Case number (if known)

3.3. Make: N/A
Model: _____
Year: _____
Approximate mileage: _____
Other information:

Who has an interest in the property? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property? \$ _____ Current value of the portion you own? \$ _____

☐ Check if this is community property (see instructions)

3.4. Make: N/A
Model: _____
Year: _____
Approximate mileage: _____
Other information:

Who has an interest in the property? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property? \$ _____ Current value of the portion you own? \$ _____

☐ Check if this is community property (see instructions)

4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories

Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories

- ☒ No
☐ Yes

4.1. Make: N/A
Model: _____
Year: _____
Other information:

Who has an interest in the property? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property? \$ _____ Current value of the portion you own? \$ _____

☐ Check if this is community property (see instructions)

If you own or have more than one, list here:

4.2. Make: _____
Model: N/A
Year: _____
Other information:

Who has an interest in the property? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property? \$ _____ Current value of the portion you own? \$ _____

☐ Check if this is community property (see instructions)

5. Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here →

\$ 20,000.00

Debtor 1

Cassandra Johnson Landry

First Name Middle Name Last Name

Case number (if known)

Part 3: Describe Your Personal and Household Items

Do you own or have any legal or equitable interest in any of the following items?

Current value of the portion you own?
Do not deduct secured claims or exemptions.

6. Household goods and furnishings

Examples: Major appliances, furniture, linens, china, kitchenware

☐ No

☒ Yes. Describe..... Major Appliances, furniture, linens, china, and kitchenware

\$ 8,500.00

7. Electronics

Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games

☐ No

☒ Yes. Describe..... Televisions, radios, computer, printers, cellphone, media player

\$ 3,500.00

8. Collectibles of value

Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles

☐ No

☒ Yes. Describe..... Artwork

\$ 5,000.00

9. Equipment for sports and hobbies

Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments

☒ No

☐ Yes. Describe.....

\$

10. Firearms

Examples: Pistols, rifles, shotguns, ammunition, and related equipment

☐ No

☒ Yes. Describe..... Pistol and ammunition

\$ 450

11. Clothes

Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories

☐ No

☒ Yes. Describe..... Everyday clothes, furs, leather coats, designer wear, shoes, and accessories

\$ 10000

12. Jewelry

Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver

☐ No

☒ Yes. Describe..... everyday jewelry, costume jewelry, engagement ring, wedding ring,

\$ 15000

13. Non-farm animals

Examples: Dogs, cats, birds, horses

☐ No

☒ Yes. Describe..... Dog Shih-Tzu

\$ 1,000.00

14. Any other personal and household items you did not already list, including any health aids you did not list

☒ No

☐ Yes. Give specific information.....

\$

15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here

\$ 43,450.00

Debtor 1

Cassandra Johnson Landry

First Name Middle Name Last Name

Case number (if known)

Part 4: Describe Your Financial Assets

Do you own or have any legal or equitable interest in any of the following?

Current value of the portion you own?
Do not deduct secured claims or exemptions.

16. Cash

Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition

☐ No

☒ Yes Cash: \$ 150.00

17. Deposits of money

Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each.

☐ No

☒ Yes Institution name:

17.1. Checking account:	<u>Publix Credit Union</u>	\$ <u>200.00</u>
17.2. Checking account:	_____	\$ _____
17.3. Savings account:	<u>Publix Credit Union</u>	\$ <u>200.00</u>
17.4. Savings account:	_____	\$ _____
17.5. Certificates of deposit:	_____	\$ _____
17.6. Other financial account:	_____	\$ _____
17.7. Other financial account:	_____	\$ _____
17.8. Other financial account:	_____	\$ _____
17.9. Other financial account:	_____	\$ _____

18. Bonds, mutual funds, or publicly traded stocks

Examples: Bond funds, investment accounts with brokerage firms, money market accounts

☐ No

☒ Yes Institution or issuer name:

_____	\$ _____
_____	\$ _____
_____	\$ _____

19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture

☐ No

☒ Yes. Give specific information about them.....

Name of entity:	% of ownership:	
<u>Alliance For Change Through Treatment</u>	<u>95</u> %	\$ <u>500,000.00</u>
<u>Attachment and Bonding Center of Atlanta</u>	<u>95</u> %	\$ <u>100,000.00</u>
<u>Therapeutic Essentials Inc</u>	<u>0%</u> %	\$ <u>25,000.00</u>

Debtor 1

Cassandra Johnson Landry

First Name Middle Name Last Name

Case number (if known)

20. Government and corporate bonds and other negotiable and non-negotiable instruments

Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders.
Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them.

☒ No

☐ Yes. Give specific
information about
them.....

Issuer name:

N/A

\$ _____

\$ _____

\$ _____

21. Retirement or pension accounts

Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans

☒ No

☐ Yes. List each
account separately.

Type of account:

Institution name:

401(k) or similar plan:

\$ _____

Pension plan:

\$ _____

IRA:

\$ _____

Retirement account:

\$ _____

Keogh:

\$ _____

Additional account:

\$ _____

Additional account:

\$ _____

22. Security deposits and prepayments

Your share of all unused deposits you have made so that you may continue service or use from a company

Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others

☒ No

☐ Yes.....

Institution name or individual:

Electric:

\$ _____

Gas:

\$ _____

Heating oil:

\$ _____

Security deposit on rental unit:

\$ _____

Prepaid rent:

\$ _____

Telephone:

\$ _____

Water:

\$ _____

Rented furniture:

\$ _____

Other:

\$ _____

23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years)

☐ No

☒ Yes.....

Issuer name and description:

Northwestern Mutual -Variable Annuity

\$ 100,000.00

\$ _____

\$ _____

Case number (if known):

Last Name

26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

☐ Yes

Institution name and description. Separately file the records of any interests. 11 U.S.C. § 521(c):

\$ _____

\$ _____

\$ _____

☒ No☐ Yes. Give specific information about t

\$_____

Examples: Internet domain names, websites, proceeds from royalties and licensing agreements

☒ No☐ Yes. Give specific information about t

\$_____

Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses

☐ No☒ Yes. Give specific information about the...

Licensed Professional Counselor

\$ 150.00

Current value of the portion you own?
Do not deduct secured claims or exemptions.

☐ No

☒ **Yes.** Give specific information about them, including whether you already filed the returns and the tax years.

2016 State of Georgia already filed

Federal: \$ _____
State: \$ _____ 769
Local: \$ _____

Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement

☒ No☐ Yes. Give specific information.

Alimony: \$ _____
Maintenance: \$ _____
Support: \$ _____
Divorce settlement: \$ _____
Property settlement: \$ _____

Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else

☒ No☒ Yes. Give specific information.

\$ _____

Debtor 1

Cassandra Johnson Landry

First Name Middle Name Last Name

Case number (if known)

31. Interests in insurance policies

Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance

☐ No

☒ Yes. Name the insurance company of each policy and list its value.

Company name:

Beneficiary:

Surrender or refund value:

Farmers New World

Ivy T Landry

\$ 75,000.00

Northwestern Mutual

Ivy T Landry

\$ 100,000.00

\$

32. Any interest in property that is due you from someone who has died

If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.

☒ No

☐ Yes. Give specific information.

\$

33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment

Examples: Accidents, employment disputes, insurance claims, or rights to sue

☒ No

☐ Yes. Describe each claim.

\$

34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims

☒ No

☐ Yes. Describe each claim.

\$

35. Any financial assets you did not already list

☒ No

☐ Yes. Give specific information.

\$

36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here



\$ 901,469.00

Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.

37. Do you own or have any legal or equitable interest in any business-related property?

☐ No. Go to Part 6.

☒ Yes. Go to line 38.

Current value of the portion you own?

Do not deduct secured claims or exemptions.

38. Accounts receivable or commissions you already earned

☒ No

☐ Yes. Describe.

\$

39. Office equipment, furnishings, and supplies

Examples: Business-related computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices

☒ No

☐ Yes. Describe.

\$

Debtor 1

Cassandra Johnson Landry

First Name Middle Name Last Name

Case number (if known)

40. Machinery, fixtures, equipment, supplies you use in business, and tools of your trade

☒ No

☐ Yes. Describe

\$

41. Inventory

☒ No

☐ Yes. Describe

\$

42. Interests in partnerships or joint ventures

☐ No

☒ Yes. Describe

Name of entity:

Listed in #19

% of ownership:

%

\$

%

\$

%

\$

43. Customer lists, mailing lists, or other compilations

☐ No

☐ Yes. Do your lists include personally identifiable information (as defined in 11 U.S.C. § 101(41A))?

☐ No

☐ Yes. Describe

\$

44. Any business-related property you did not already list

☒ No

☐ Yes. Give specific information

\$

\$

\$

\$

\$

\$

45. Add the dollar value of all of your entries from Part 5, including any entries for pages you have attached for Part 5. Write that number here

\$

0.00

Part 6:

Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In.

If you own or have an interest in farmland, list it in Part 1.

46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?

☒ No. Go to Part 7.

☐ Yes. Go to line 47.

Current value of the portion you own?

Do not deduct secured claims or exemptions.

47. Farm animals

Examples: Livestock, poultry, farm-raised fish

☒ No

☐ Yes

\$

Debtor 1

Cassandra Johnson Landry

First Name Middle Name Last Name

Case number (if known)

48. Crops—either growing or harvested

☒ No

☐ Yes. Give specific information

\$

49. Farm and fishing equipment, implements, machinery, fixtures, and tools of trade

☒ No

☐ Yes

\$

50. Farm and fishing supplies, chemicals, and feed

☒ No

☐ Yes

\$

51. Any farm- and commercial fishing-related property you did not already list

☒ No

☐ Yes. Give specific information

\$

52. Add the dollar value of all of your entries from Part 6, including any entries for pages you have attached for Part 6. Write that number here →

\$ 0.00

Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above

53. Do you have other property of any kind you did not already list?

Examples: Season tickets, country club membership

☒ No

☐ Yes. Give specific information

\$

\$

\$

54. Add the dollar value of all of your entries from Part 7. Write that number here →

\$ 0.00

Part 8: List the Totals of Each Part of this Form

55. Part 1: Total real estate, line 2 →

\$ 838,800.00

56. Part 2: Total vehicles, line 5

\$ 20,000.00

57. Part 3: Total personal and household items, line 15

\$ 43,450.00

58. Part 4: Total financial assets, line 36

\$ 901,469.00

59. Part 5: Total business-related property, line 45

\$ 0.00

60. Part 6: Total farm- and fishing-related property, line 52

\$ 0.00

61. Part 7: Total other property not listed, line 54

+ \$ 0.00

62. Total personal property. Add lines 56 through 61.

\$ 964,919.00

Copy personal property total →

+ \$ 964,919.00

63. Total of all property on Schedule A/B. Add line 55 + line 62.

\$ 1,803,719.00

Fill in this information to identify your case:

Debtor 1	Cassandra Landry Johnson		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)			
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: _____ District of _____			
Case number (if known) _____			

☐ Check if this is an amended filing

Official Form 106C

Schedule C: The Property You Claim as Exempt

04/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as Exempt

1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

- ☒ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on *Schedule A/B* that you claim as exempt, fill in the information below.

Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own Copy the value from <i>Schedule A/B</i>	Amount of the exemption you claim Check only one box for each exemption.	Specific laws that allow exemption
Brief description: <u>869 Natchez Valley Trace</u> Line from <i>Schedule A/B</i> : <u>1.3</u>	<u>\$222300</u>	<input checked="" type="checkbox"/> \$ <u>0.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	O.C.G.A.S 44-13-100(a)(1)
Brief description: <u>2001 Mercedes 500 CL</u> Line from <i>Schedule A/B</i> : <u>3.1</u>	<u>\$20000</u>	<input checked="" type="checkbox"/> \$ <u>0.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	O.C.-G .A S 14-13-100(a)(3)
Brief description: <u>Interest in LLC</u> Line from <i>Schedule A/B</i> : <u>3.19</u>	<u>\$625,000.00</u>	<input type="checkbox"/> \$ _____ <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	O.C.-G .A S 14-13-100

3. Are you claiming a homestead exemption of more than \$160,375?

(Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.)

- ☐ No
☒ Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?
☐ No
☐ Yes

Debtor 1

Cassandra Landry Johnson

First Name Middle Name Last Name

Case number (if known)

Part 2: Additional Page

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own Copy the value from Schedule A/B	Amount of the exemption you claim Check only one box for each exemption	Specific laws that allow exemption
Brief description: <u>Household Goods</u> Line from Schedule A/B: <u>3.6</u>	\$ <u>8,500.00</u>	<input type="checkbox"/> \$ <u>1,000.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	O.C.G.A S 44-13-100(a)(4)
Brief description: <u>Electronics</u> Line from Schedule A/B: <u>3.7</u>	\$ <u>3,500.00</u>	<input type="checkbox"/> \$ <u>300.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	O.C.G.A S 44-13-100(a)(6)
Brief description: <u>Artwork Collection</u> Line from Schedule A/B: <u>3.8</u>	\$ <u>5,000.00</u>	<input type="checkbox"/> \$ <u>150.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	O.C.G.A S 44-13-100(a)(5)
Brief description: <u>Firearms</u> Line from Schedule A/B: <u>3.10</u>	\$ <u>450.00</u>	<input type="checkbox"/> \$ <u>0.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	O.C.G.A S 44-13-100(a)(6)
Brief description: <u>Clothes</u> Line from Schedule A/B: <u>3.11</u>	\$ <u>10,000.00</u>	<input type="checkbox"/> \$ <u>500.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	O.C.G.A S 44-13-100(a)(4)
Brief description: <u>Jewelry</u> Line from Schedule A/B: <u>3.12</u>	\$ <u>15,000.00</u>	<input checked="" type="checkbox"/> \$ <u>100.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	O.C.G.A S 44-13-100(a)(5)
Brief description: <u>Dog</u> Line from Schedule A/B: <u>3.13</u>	\$ <u>1,000.00</u>	<input type="checkbox"/> \$ <u>0.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	O.C.G.A S 44-13-100(a)
Brief description: <u>Cash on Hand</u> Line from Schedule A/B: <u>3.16</u>	\$ <u>150.00</u>	<input type="checkbox"/> \$ <u>150.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	O.C.G.A S 44-13-100(a)(6)
Brief description: <u>Publix Credit Union</u> Line from Schedule A/B: <u>3.17</u>	\$ <u>200.00</u>	<input type="checkbox"/> \$ <u>200.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	O.C.G.A S 44-13-100(a)(6)
Brief description: <u>Publix Credit Union</u> Line from Schedule A/B: <u>3.17</u>	\$ <u>200.00</u>	<input type="checkbox"/> \$ <u>200.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	O.C.G.A S 44-13-100(a)(6)
Brief description: <u>1440 Highland Lake</u> Line from Schedule A/B: <u>1.2</u>	\$ <u>156,750.00</u>	<input type="checkbox"/> \$ _____ <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	O.C.-G .A S 14-13-100
Brief description: <u>2969SweetbriarWal</u> Line from Schedule A/B: <u>1.1</u>	\$ <u>89,750.00</u>	<input type="checkbox"/> \$ _____ <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	O.C.-G .A S 14-13-100

Debtor 1

Cassandra Johnson Landry

First Name Middle Name Last Name

Case number (if known)

Part 2: Additional Page

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own Copy the value from Schedule A/B	Amount of the exemption you claim Check only one box for each exemption	Specific laws that allow exemption
Brief description: <u>Interest in LLC</u> Line from Schedule A/B: <u>3.19</u>	\$ <u>600000.00</u>	<input type="checkbox"/> \$ _____ <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	O.C.-G.A.S 14-13-100
Brief description: <u>Interest in Inc</u> Line from Schedule A/B: <u>3.19</u>	\$ <u>25000.00</u>	<input type="checkbox"/> \$ _____ <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	O.C.-G.A.S 14-13-100
Brief description: <u>Annuity</u> Line from Schedule A/B: <u>3.23</u>	\$ <u>100000.00</u>	<input type="checkbox"/> \$ _____ <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	O.C.-G.A.S 14-13-100
Brief description: <u>Insurance (Farmers)</u> Line from Schedule A/B: <u>3.31</u>	\$ <u>75000.00</u>	<input type="checkbox"/> \$ _____ <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	O.C.-G.A.S 14-13-100
Brief description: <u>Insurance (Northwesterr</u> Line from Schedule A/B: _____	\$ <u>100000.00</u>	<input type="checkbox"/> \$ _____ <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	O.C.-G.A.S 14-13-100
Brief description: _____ Line from Schedule A/B: _____	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	_____
Brief description: _____ Line from Schedule A/B: _____	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	_____
Brief description: _____ Line from Schedule A/B: _____	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	_____
Brief description: _____ Line from Schedule A/B: _____	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	_____
Brief description: _____ Line from Schedule A/B: _____	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	_____
Brief description: _____ Line from Schedule A/B: _____	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	_____
Brief description: _____ Line from Schedule A/B: _____	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	_____

Fill in this information to identify your case:

Debtor 1 Cassandra Johnson Landry
First Name Middle Name Last Name

Debtor 2
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the Northern District of Georgia

Case number _____
(If known)

☐ Check if this is an amended filing

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

1. Do any creditors have claims secured by your property?

- ☐ No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

Part 1: List All Secured Claims

2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim.	Column C Unsecured portion if any.
--	---	---

2.1 Ames Funding

Creditor's Name
2 N. Lake Ave Ste 260
Number Street

Pasadena CA 91101
City State ZIP Code

Describe the property that secures the claim:

869 Natchez Valley Trace -Single Family

\$ 112518

\$ _____

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☒ Disputed

Nature of lien. Check all that apply.

- ☐ An agreement you made (such as mortgage or secured car loan)
☐ Statutory lien (such as tax lien, mechanic's lien)
☐ Judgment lien from a lawsuit
☒ Other (including a right to offset) Mtg Fraud

Who owes the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☒ At least one of the debtors and another

☐ Check if this claim relates to a community debt

Date debt was incurred 04/04/2006

Last 4 digits of account number 2 2 8 9

2.2 Ames Funding

Creditor's Name
2 N. Lake Ave Ste
Number Street

Pasadena CA
City State ZIP Code

Describe the property that secures the claim:

869 Natchez Valley Trace-Single Family

\$ 451165

\$ _____

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☒ Disputed

Nature of lien. Check all that apply.

- ☐ An agreement you made (such as mortgage or secured car loan)
☐ Statutory lien (such as tax lien, mechanic's lien)
☐ Judgment lien from a lawsuit
☒ Other (including a right to offset) Mtg Fraud

Who owes the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☒ At least one of the debtors and another

☐ Check if this claim relates to a community debt

Date debt was incurred 04/04/2006

Last 4 digits of account number 1 2 2 0

Add the dollar value of your entries in Column A on this page. Write that number here:

\$ 363,683

Debtor 1

Cassandra Johnson Landry

First Name Middle Name Last Name

Case number (if known)

Part 1:	Additional Page After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.	Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	Column C Unsecured portion If any.
2.3	Argent Mortgage Company Creditor's Name 2677 N. Main St <small>Number Street</small> Suite 140 Santa Ana CA 92705 <small>City State ZIP Code</small> Who owes the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Date debt was incurred <u>04/30/2004</u>	Describe the property that secures the claim: \$ <u>204250</u> \$ _____ \$ _____ <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">2969 Sweetbriar Walk- Single Family</div> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Nature of lien. Check all that apply. <input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input checked="" type="checkbox"/> Other (including a right to offset) <u>Mtg Fraud</u>		
2.4	Association for Habersham Creditor's Name 160 Clairmont Ave <small>Number Street</small> C/O Dorrough&Dorough Decatur GA 30030 <small>City State ZIP Code</small> Who owes the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Date debt was incurred _____	Describe the property that secures the claim: \$ <u>6,000.00</u> \$ <u>6,000.00</u> \$ _____ <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">Commercial Condo</div> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Nature of lien. Check all that apply. <input checked="" type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset) _____		
2.5	Carrington Mortgage Creditor's Name 1600 South Douglass Rd <small>Number Street</small> Suite 110 & 200A Anaheim CA 92806 <small>City State ZIP Code</small> Who owes the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Date debt was incurred <u>01042017</u>	Describe the property that secures the claim: \$ <u>163075</u> \$ <u>179500</u> \$ _____ <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">2969 Sweetbriar Walk-Residential</div> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Nature of lien. Check all that apply. <input checked="" type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset) _____		
Add the dollar value of your entries in Column A on this page. Write that number here:		<div style="border: 1px solid black; padding: 2px; width: 100px; float: right;">\$ 373325.00</div>		
If this is the last page of your form, add the dollar value totals from all pages. Write that number here:		<div style="border: 1px solid black; padding: 2px; width: 100px; float: right;">\$ _____</div>		

Debtor 1

Cassandra Johnson Landry

First Name Middle Name Last Name

Case number (if known)

	Additional Page	Column A	Column B	Column C
Part 1:	After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.	Amount of claim Do not deduct the value of collateral.	Value of collateral that supports this claim	Unsecured portion If any
2.6	Chase Mortgage Describe the property that secures the claim: \$ 488,234.00 \$ 444,600.00 \$ <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> 8609 Natchez Valley Trace </div> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Nature of lien. Check all that apply. <input checked="" type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset) _____ Who owes the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Date debt was incurred <u>04/04/2006</u> Last 4 digits of account number <u>4 4 4 5</u>			
2.7	N/A Describe the property that secures the claim: _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Nature of lien. Check all that apply. <input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset) _____ Who owes the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Date debt was incurred _____ Last 4 digits of account number _____			
2.7	First Franklin Describe the property that secures the claim: \$ 46133.89 \$ <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> 869 Natchez Valley Trace-Single Family </div> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Nature of lien. Check all that apply. <input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input checked="" type="checkbox"/> Other (including a right to offset) <u>Mtg Fraud</u> Who owes the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Date debt was incurred <u>04/21/2006</u> Last 4 digits of account number <u>4 4 9 3</u>			
Add the dollar value of your entries in Column A on this page. Write that number here:		\$ 534,367.89		
If this is the last page of your form, add the dollar value totals from all pages. Write that number here:				

Debtor 1

Cassandra Johnson Landry

First Name Middle Name Last Name

Case number (if known)

		Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	Column C Unsecured portion if any
Part 1: Additional Page After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.	2.3 First Franklin Creditor's Name 4061 Powder Mill Rd #600 Number Street Div of National Bank of IN Calverton Md 20705 City State ZIP Code	Describe the property that secures the claim: \$ 108,356.11 \$ \$		
	869 Natchez Valley Trace-Single Family As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Nature of lien. Check all that apply. <input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input checked="" type="checkbox"/> Other (including a right to offset) <u>Mtg Fraud</u>			
Who owes the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Date debt was incurred: <u>04/21/2020</u>	Last 4 digits of account number <u>4 4 9 3</u>			
2.4 First Franklin Creditor's Name 4061 Powder Mill Rd #600 Number Street Div of National Bank of IN Calverton Md 20705 City State ZIP Code	Describe the property that secures the claim: \$ 440,257.90 \$ \$			
	869 Natchez Valley Trace-Single Family As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Nature of lien. Check all that apply. <input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input checked="" type="checkbox"/> Other (including a right to offset) <u>mtg fraud</u>			
Who owes the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Date debt was incurred: _____	Last 4 digits of account number <u>4 4 9 2</u>			
2.4 First Franklin Creditor's Name 4061 Powder Mill Rd #600 Number Street Div of National Bank of IN Calverton Md 20705 City State ZIP Code	Describe the property that secures the claim: \$ 137,084.68 \$ \$			
	869 Natchez Valley Trace-Single Family As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Nature of lien. Check all that apply. <input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input checked="" type="checkbox"/> Other (including a right to offset) <u>Mtg Fraud</u>			
Who owes the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Date debt was incurred: <u>04/21/2006</u>	Last 4 digits of account number <u>4 4 9 2</u>			
Add the dollar value of your entries in Column A on this page. Write that number here:		\$ 685,698.69		
If this is the last page of your form, add the dollar value totals from all pages. Write that number here:		\$		

Debtor 1

Cassandra Johnson Landry

First Name Middle Name Last Name

Case number (if known)

Part 1:	Additional Page	Column A Amount of claim Do not deduct the value of collateral	Column B Value of collateral that supports this claim	Column C Unsecured portion if any
2.11	H and R Block Mortgage Describe the property that secures the claim: <u>1440 Highland Lake-Single Family</u> Creditor's Name: <u>PO Box 949</u> Number: <u>C/O Option One</u> Street: City: <u>Orange</u> State: <u>CA</u> ZIP Code: <u>92856</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Nature of lien. Check all that apply. <input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input checked="" type="checkbox"/> Other (including a right to offset) <u>Mtg Fraud</u> Who owes the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Date debt was incurred <u>06/29/2005</u> Last 4 digits of account number <u>1 4 2 8</u>	\$ <u>275643</u>	\$	\$
2.12	H and R Block Mortgage Describe the property that secures the claim: <u>1440 Highland Lake-Single Family</u> Creditor's Name: <u>PO Box 949</u> Number: <u>C/O Option One</u> Street: City: <u>Orange</u> State: <u>CA</u> ZIP Code: <u>92856</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Nature of lien. Check all that apply. <input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset) Who owes the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Date debt was incurred <u>06/29/2005</u> Last 4 digits of account number <u>1 4 2 9</u>	\$ <u>71349.42</u>	\$	\$
2.13	H and R Block Mortgage Describe the property that secures the claim: <u>1440 Highland Lake-Single Family</u> Creditor's Name: <u>PO Box 949</u> Number: <u>C/O Option One</u> Street: City: <u>Orange</u> State: <u>CA</u> ZIP Code: <u>92856</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Nature of lien. Check all that apply. <input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input checked="" type="checkbox"/> Other (including a right to offset) Who owes the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Date debt was incurred <u>07/21/2005</u> Last 4 digits of account number <u>1 4 2 8</u>	\$ <u>285600</u>	\$	\$
Add the dollar value of your entries in Column A on this page. Write that number here:		\$ <u>632,592.42</u>		
If this is the last page of your form, add the dollar value totals from all pages. Write that number here:		\$		

Debtor 1

Cassandra Johnson Landry

First Name Middle Name Last Name

Case number (if known)

Part 1: Additional Page		Column A	Column B	Column C
After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.		Amount of claim Do not deduct the value of collateral.	Value of collateral that supports this claim	Unsecured portion if any
1.14	Hand R Block Mortgage Creditor's Name PO Box 949 Number Street c/o Option One Orange CA 92856 City State ZIP Code Who owes the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Date debt was incurred 05/25/2005	Describe the property that secures the claim: 1440 Highland Lake As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Nature of lien. Check all that apply. <input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input checked="" type="checkbox"/> Other (including a right to offset) Mtg Fraud Last 4 digits of account number U n k n	\$ 348518.10	\$
2.15	HomeBanc Mortgage Creditor's Name 101 E. Kennedy Blvd Ste 4100 Number Street Tampa FL 33602 City State ZIP Code Who owes the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Date debt was incurred 04/27/2006	Describe the property that secures the claim: 869 Natchez Valley Trace As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Nature of lien. Check all that apply. <input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input checked="" type="checkbox"/> Other (including a right to offset) Mtg Fraud Last 4 digits of account number 9 1 1 4	\$ 461600.00	\$
2.16	HomeBanc Mortgage Creditor's Name 101 E. Kennedy Blvd Ste 4100 Number Street Tampa FL 33602 City State ZIP Code Who owes the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Date debt was incurred 04/26/2006	Describe the property that secures the claim: 869 Natchez Valley Trace-Single Family As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Nature of lien. Check all that apply. <input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input checked="" type="checkbox"/> Other (including a right to offset) Mtg Fraud Last 4 digits of account number 9 2 2 1	\$ 113632	\$
Add the dollar value of your entries in Column A on this page. Write that number here:		\$ 923,750.10		
If this is the last page of your form, add the dollar value totals from all pages. Write that number here:		\$		

Debtor 1

Cassandra Johnson Landry

First Name Middle Name Last Name

Case number (if known)

	Additional Page	Column A	Column B	Column C
Part 1:	After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.	Amount of claim Do not deduct the value of collateral.	Value of collateral that supports this claim	Unsecured portion If any
17	Ocwen Loan Svc/Option One Describe the property that secures the claim: \$ <u>71400</u> \$ <u>71,400.00</u> \$ <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> Creditor's Name <u>PO Box 24605</u> <small>Number Street</small> <u>West Palm Beach FL 33416</u> <small>City State ZIP Code</small> </div> <div style="width: 65%;"> <u>1440 Highland Lake-Single Family</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Nature of lien. Check all that apply. <input checked="" type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset) _____ </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 30%;"> Who owes the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt </div> <div style="width: 65%;"> Date debt was incurred <u>07/21/2005</u> Last 4 digits of account number <u>8 5 8 8</u> </div> </div>			
18	ReadyCap Lending Describe the property that secures the claim: \$ <u>435000</u> \$ <u>370,000.00</u> \$ <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> Creditor's Name <u>420 Mountain Ave</u> <small>Number Street</small> <u>New Providence NJ 07974</u> <small>City State ZIP Code</small> </div> <div style="width: 65%;"> <u>3547-3556 Habersham at Northlake</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Nature of lien. Check all that apply. <input checked="" type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input checked="" type="checkbox"/> Other (including a right to offset) <u>Mtg Fraud</u> </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 30%;"> Who owes the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt </div> <div style="width: 65%;"> Date debt was incurred _____ Last 4 digits of account number _____ </div> </div>			
19	Regency Mortgage Describe the property that secures the claim: \$ <u>129100</u> \$ _____ \$ <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> Creditor's Name <u>5395 Roswell Rd NE</u> <small>Number Street</small> <u>Atlanta GA 30342</u> <small>City State ZIP Code</small> </div> <div style="width: 65%;"> <u>2969 Sweetbriar Walk-Single Family</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Nature of lien. Check all that apply. <input checked="" type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input checked="" type="checkbox"/> Other (including a right to offset) <u>Mtg Fraud</u> </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 30%;"> Who owes the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt </div> <div style="width: 65%;"> Date debt was incurred <u>08/29/1997</u> Last 4 digits of account number <u>8 8 8 6</u> </div> </div>			

Add the dollar value of your entries in Column A on this page. Write that number here: \$ 635,500

If this is the last page of your form, add the dollar value totals from all pages. Write that number here: \$ _____

Debtor 1

Cassandra Johnson Landry

First Name Middle Name Last Name

Case number (if known)

	Additional Page	Column A	Column B	Column C
Part 1:	After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.	Amount of claim Do not deduct the value of collateral.	Value of collateral that supports this claim	Unsecured portion if any
20	Regions Mortgage Describe the property that secures the claim: \$ <u>unknown</u> \$ _____ <div style="border: 1px solid black; padding: 2px;"> Creditor's Name 605 So Perry St Number Street <div style="display: flex; justify-content: space-between; margin-top: 10px;"> Montgomery AL 36104 </div> <div style="display: flex; justify-content: space-between; font-size: small;"> City State ZIP Code </div> </div>			
	<div style="border: 1px solid black; padding: 2px;"> 2969 Sweetbriar Walk- Single Family </div> <p>As of the date you file, the claim is: Check all that apply.</p> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed </div> <div> <p>Nature of lien. Check all that apply.</p> <input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input checked="" type="checkbox"/> Other (including a right to offset) <u>Mtg Fraud</u> </div> </div> <p>Who owes the debt? Check one.</p> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt </div> <div> <p>Date debt was incurred <u>04/19/2002</u></p> <p>Last 4 digits of account number <u>9 1 8 5</u></p> </div> </div>			
21	Riverdale Funding Describe the property that secures the claim: \$ <u>88000</u> \$ <u>370,000.00</u> <div style="border: 1px solid black; padding: 2px;"> Creditor's Name 12050 Ventura Blvd Number Street C/O Woodbridge Lending <div style="display: flex; justify-content: space-between; margin-top: 10px;"> Studio City CA 91604 </div> <div style="display: flex; justify-content: space-between; font-size: small;"> City State ZIP Code </div> </div>			
	<div style="border: 1px solid black; padding: 2px;"> 3546 Habersham at Northlake H-Bldg </div> <p>As of the date you file, the claim is: Check all that apply.</p> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed </div> <div> <p>Nature of lien. Check all that apply.</p> <input checked="" type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset) _____ </div> </div> <p>Who owes the debt? Check one.</p> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt </div> <div> <p>Date debt was incurred <u>12/2016</u></p> <p>Last 4 digits of account number <u>unknown</u></p> </div> </div>			
22	Select Portfolio Services Describe the property that secures the claim: \$ <u>114633</u> \$ _____ <div style="border: 1px solid black; padding: 2px;"> Creditor's Name PO 65450 Number Street <div style="display: flex; justify-content: space-between; margin-top: 10px;"> Salt Lake City UT 84165 </div> <div style="display: flex; justify-content: space-between; font-size: small;"> City State ZIP Code </div> </div>			
	<div style="border: 1px solid black; padding: 2px;"> 869 Natchez Valley Trace-Single Family </div> <p>As of the date you file, the claim is: Check all that apply.</p> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed </div> <div> <p>Nature of lien. Check all that apply.</p> <input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input checked="" type="checkbox"/> Other (including a right to offset) <u>Mtg Fraud</u> </div> </div> <p>Who owes the debt? Check one.</p> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt </div> <div> <p>Date debt was incurred _____</p> <p>Last 4 digits of account number <u>U n K n</u></p> </div> </div>			

Add the dollar value of your entries in Column A on this page. Write that number here:

\$ 202,633.00

If this is the last page of your form, add the dollar value totals from all pages.

Write that number here:

\$ _____

Debtor 1

Cassandra Johnson Landry

First Name Middle Name Last Name

Case number (if known)

	Additional Page	Column A	Column B	Column C
Part 1:	After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.	Amount of claim Do not deduct the value of collateral.	Value of collateral that supports this claim	Unsecured portion, if any
2.3	The Downs Homeowners Assoc Describe the property that secures the claim: \$ <u>464.63</u> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> Creditor's Name 2120 Hwy 81 Number Street c/o Community Mgmt Inc Loganville GA 30052 City State ZIP Code </div> <div style="margin-top: 10px;"> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Nature of lien. Check all that apply. <input checked="" type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset) _____ </div> <div style="margin-top: 10px;"> Who owes the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt </div> <div style="margin-top: 10px;"> Date debt was incurred _____ Last 4 digits of account number _____ </div>			
2.4	TitleMax of Georgia Describe the property that secures the claim: \$ <u>4672.17</u> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> Creditor's Name 2029 Scenic Hwy Number Street Snellville GA 30078 City State ZIP Code </div> <div style="margin-top: 10px;"> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Nature of lien. Check all that apply. <input checked="" type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset) _____ </div> <div style="margin-top: 10px;"> Who owes the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt </div> <div style="margin-top: 10px;"> Date debt was incurred <u>04/2017</u> Last 4 digits of account number <u>2 7 1 6</u> </div>			
2.5	Wells Fargo Describe the property that secures the claim: \$ <u>157113</u> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> Creditor's Name 2135 East Main St Ste 180 Number Street Snellville GA 30078 City State ZIP Code </div> <div style="margin-top: 10px;"> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Nature of lien. Check all that apply. <input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input checked="" type="checkbox"/> Other (including a right to offset) <u>Mtg Fraud</u> </div> <div style="margin-top: 10px;"> Who owes the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt </div> <div style="margin-top: 10px;"> Date debt was incurred <u>03/26/2002</u> Last 4 digits of account number _____ </div>			

Add the dollar value of your entries in Column A on this page. Write that number here: \$ 162,249.80

If this is the last page of your form, add the dollar value totals from all pages. Write that number here: \$ _____

Debtor 1

Cassandra Johnson Landry

First Name Middle Name Last Name

Case number (if known)

Part 1:

Additional Page

After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.

Column A

Amount of claim
Do not deduct the
value of collateral

Column B

Value of collateral
that supports this
claim

Column C

Unsecured
portion
if any

25	Veripro Solutions Creditor's Name PO Box 3572 Number Street Coppell TX 75019 City State ZIP Code	Describe the property that secures the claim: <div style="border: 1px solid black; padding: 5px;">859 Natchez Valley Trace</div>	\$ 65000	\$	\$
As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed					
Nature of lien. Check all that apply. <input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input checked="" type="checkbox"/> Other (including a right to offset) <u>Mtg Fraud</u>					
Who owes the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt					
Date debt was incurred <u>Unknown</u> Last 4 digits of account number <u>3 0 0</u>					
26	Natchez Trace HOA Creditor's Name 839 Natchez Valley Trace Number Street Grayson GA 30017 City State ZIP Code	Describe the property that secures the claim: <div style="border: 1px solid black; padding: 5px;">869 Natchez Valley Trace</div>	\$ 428.94	\$	\$
As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed					
Nature of lien. Check all that apply. <input checked="" type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset)					
Who owes the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt					
Date debt was incurred <u>01/01/2021</u> Last 4 digits of account number <u>1 0 2</u>					
27	Ocwen Loan/ Nationstar Creditor's Name PO Box 24605 Number Street West Palm Beach FL 33416 City State ZIP Code	Describe the property that secures the claim: <div style="border: 1px solid black; padding: 5px;">1440 Highland Lake Dr Single Family</div>	\$ 237,742.00	\$ 237,742.00	\$
As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed					
Nature of lien. Check all that apply. <input checked="" type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input checked="" type="checkbox"/> Other (including a right to offset) <u>Mtg Fraud</u>					
Who owes the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt					
Date debt was incurred Last 4 digits of account number <u>6733</u>					
Add the dollar value of your entries in Column A on this page. Write that number here:			\$ 303,170.94		
If this is the last page of your form, add the dollar value totals from all pages. Write that number here:			\$		

Debtor 1

Cassandra Johnson Landry

First Name Middle Name Last Name

Case number (if known)

	Additional Page	Column A	Column B	Column C
Part 1:	After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.	Amount of claim Do not deduct the value of collateral	Value of collateral that supports this claim	Unsecured portion If any
2.3	Dorough & Dough Attys at Law Creditor's Name 160 Clairemont Ave Number Street Decatur GA City State ZIP Code Who owes the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Date debt was incurred 01/01/2021	Describe the property that secures the claim: 3547 Habersham at Northlake Bldg F As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Nature of lien. Check all that apply. <input checked="" type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset) <u>Property Assoc</u>		
		\$ 6,000.00	\$ 6,000.00	
2.4	Great America Financial Service Creditor's Name 625 First St. SE, Suite 800 Number Street Cedar Rapids IA 52401 City State ZIP Code Who owes the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Date debt was incurred _____	Describe the property that secures the claim: Alliance For Change Copier Lease As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Nature of lien. Check all that apply. <input checked="" type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset) _____		
		\$ 77,000.00	\$ 77,000.00	
	Creditor's Name Number Street City State ZIP Code Who owes the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Date debt was incurred _____	Describe the property that secures the claim: As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Nature of lien. Check all that apply. <input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset) _____		
Add the dollar value of your entries in Column A on this page. Write that number here:		\$ 83,000.00		
If this is the last page of your form, add the dollar value totals from all pages. Write that number here:		\$ 4,565,971		

Debtor 1

Cassandra Johnson Landry

First Name Middle Name Last Name

Case number (if known)

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

☐ SEE ATTACHMENT
Name _____
Number _____ Street _____
City _____ State _____ ZIP Code _____

On which line in Part 1 did you enter the creditor? _____

Last 4 digits of account number _____

☐ _____
Name _____
Number _____ Street _____
City _____ State _____ ZIP Code _____

On which line in Part 1 did you enter the creditor? _____

Last 4 digits of account number _____

☐ _____
Name _____
Number _____ Street _____
City _____ State _____ ZIP Code _____

On which line in Part 1 did you enter the creditor? _____

Last 4 digits of account number _____

☐ _____
Name _____
Number _____ Street _____
City _____ State _____ ZIP Code _____

On which line in Part 1 did you enter the creditor? _____

Last 4 digits of account number _____

☐ _____
Name _____
Number _____ Street _____
City _____ State _____ ZIP Code _____

On which line in Part 1 did you enter the creditor? _____

Last 4 digits of account number _____

☐ _____
Name _____
Number _____ Street _____
City _____ State _____ ZIP Code _____

On which line in Part 1 did you enter the creditor? _____

Last 4 digits of account number _____

Debtor 2, N/A
United States Bankruptcy Court for the Northern District of Georgia

Case number

Schedule D 106D Part 2 Others to be notified about Part 1

Aculink Mortgage Solutions
8001 Woodland Center Blvd Ste 200
Tampa, FL 33614

Aldridge Pile LLP

15 Piedmont Center
3375 Piedmont Rd NE Ste 500
Atlanta, Georgia 30305

Altisource Portfolio Solutions

1000 Abernathy Rd Ste 200
Atlanta, GA 30328-5604

Altisource Profolio Solutions
C/O Corporation Service Company

40 Technology Parkway South Ste 300
Norcross, GA 30092

Altisource Profolio Solutions
John A Vella

6050 Center Dr Ste 500
Los Angeles CA 90045

Altisource Profolio Solutions
Sophie A Hubscher

1000 Abernathy Rd Ste 200
Atlanta, GA 30328-5604

Altisource Profolio Solutions
Timothy G. N. Harcourt

1000 Abernathy Rd Ste 200
Atlanta, GA 30328-5604

Altisource Profolio Solutions
Weissman Nowack Curry & Wilco PC

1000 Abernathy Rd Ste 200
Atlanta, GA 30328-5604

Association for Habersham at Northlake Condominium
C/O
Donough and Donough

3547 Habersham at Northlake Bldg F
3554 Habersham at Northlake Bldg H

2.18 3547 Habersham at Northlake Bldg F
3554 Habersham at Northlake Bldg H

Ben P Ost

160 Cliftonmont Ave Ste 650

Burgess Title & Escrow LLC

230 Patrick Henry Pkwy #150
McDonough, GA 30253

Carl W Wright PC

367 Athens Hwy Ste 300
Logansville, GA 30052

Carl W Wright PC

1239 Litterview Cove
Logansville, GA

Chicago Title Company

901 Riverside Ave
Jacksonville, FL 32204

869 Natchez Valley Trace

2.6 869 Natchez Valley Trace

869 Natchez Valley Trace

2.6 869 Natchez Valley Trace

869 Natchez Valley Trace

2.6 869 Natchez Valley Trace

3554-3556 Habersham @northlake Bldg H

2.18 11411152

3547 Habersham at Northlake Bldg F
3554 Habersham at Northlake Bldg H

2.18 3547 Habersham at Northlake Bldg F
3554 Habersham at Northlake Bldg H

Debtor 1 _____ Cassandra Johnson Landry _____					
Debtor 2 _____ N/A _____					
United States Bankruptcy Court for the Northern District of Georgia					
Case number _____					
C T Corporation	Lawrence GA 30046-4805				
Chicago Title Company Madeline G. M. Lovejoy	3210 El Camino Real Ste 300 Irvine, CA 92602	869 Natchez Valley Trace	2.6 869 Natchez Valley Trace		
Cogeneity Global Inc Francis S. Hallinan	900 Old Roswell Lakes Pkwy Ste 310 Roswell, GA 30076	1440 Highland Lake DR	2.27		
Cogeneity Global Inc Joan Wagner	10 East 40th Street 10th FLR New York, NY 10016	1440 Highland Lake DR	2.27		
Cogeneity Global Inc Ads Research	900 Old Roswell Lakes Parkway Ste 310 Roswell, GA 30076	1440 Highland Lake DR	2.27		
Commonwealth Land Title Insurance Company		3554-3556 Habersham BLDG H	2.18 11411152 3547 Habersham at Northlake Bldg F		
Cynthia Pope Small Business Administration	409 3rd St SW MC 2120 Washington, DC 20416	ReadyCap Lending	2.18 8CSB	3547 Habersham at Northlake Bldg F	
Sarah Hawkins Little Rock Commercial Loan Servicing Center	2120 Riverfront Drive Suite 100 Little Rock, Arkansas 72202	Ready Cap Lending	8CSB 2.18	3547 Habersham at Northlake Bldg F	
DeKalb County Tax Commissioner Collections Division	PO Box 10004 Decatur, GA 30031	18 210 11 009	2.18 18 210 11 009	3547 Habersham at Northlake Bldg F 3554 Habersham at Northlake Bldg H	
DeKalb County Tax Commissioner Collections Division	PO Box 10004 Decatur, GA 30031	18 210 11 011	2.18 18 210 11 011	3547 Habersham at Northlake Bldg F 3554 Habersham at Northlake Bldg H	
DeKalb County Tax Commissioner Collections Division/Juzy Truitt	PO Box 10004 Decatur, GA 30031	18 210 11 011	2.18 18 210 11 011	3547 Habersham at Northlake Bldg F 3554 Habersham at Northlake Bldg H	
DeKalb County Tax Commissioner Collections Division/Briana Henry-Frisby	PO Box 10004 Decatur, GA 30031	18 210 11 011	2.18 18 210 11 011	3547 Habersham at Northlake Bldg F 3554 Habersham at Northlake Bldg H	
DeKalb County Tax Commissioner Collections Division/Shilliegh Lewis	PO Box 10004 Decatur, GA 30031	18 210 11 011	2.18 18 210 11 011	3547 Habersham at Northlake Bldg F 3554 Habersham at Northlake Bldg H	
DeKalb County Tax Commissioner Collections Division/Juzy Truitt	PO Box 10004 Decatur, GA 30031	18 210 11 009	2.18 18 210 11 009	3547 Habersham at Northlake Bldg F	
DeKalb County Tax Commissioner Collections Division/Briana Henry-Frisby	PO Box 10004 Decatur, GA 30031	18 210 11 009	2.18 18 210 11 009	3547 Habersham at Northlake Bldg F	
DeKalb County Tax Commissioner Collections Division/Shilliegh Lewis	PO Box 10004 Decatur, GA 30031	18 210 11 009	2.18 18 210 11 009	3547 Habersham at Northlake Bldg F	
De Lage Landen Financial Services Inc Hays Potter Martin LLP	3945 Holcomb Bridge Rd Ste 300 Peachtree Corners, GA 30092	Copiers	2.29		
De Lage Landen Financial Services Inc C T Corporation	289 S Oliver St Lawrenceville, GA 30046	Copiers	2.29		
De Lage Landen Financial Services Inc	1775 Tyne Blvd Tyne, VA 22102	Copiers	2.9		

Debitar 2 — N/A_____

[illegible]

Debtor 1 _____ Cassandra Johnson Landry _____				
Debtor 2 _____ N/A _____				
United States Bankruptcy Court for the: Northern District of Georgia				
Case number _____				
Residential Title Inc	245 West Dugan St Lawrenceville, GA 30046	2969 Sweetbriar Walk	Location In	Account
Kenneth E Sullivan			G**1108	
Steve Kushner/US Premium Finance Service	225 Peachtree ST NE	869 Natchez Vally Trace		
Fellows LaBrida LLP	Atlanta, GA 30331			
The Downs Homeowners Association	c/o Georgia Community Mgmt Inc Loganside, GA 30052			
Timothy R Hester	1551 Annapolis Way Grayson, GA 30017-1097	Fraud at Sweetbriar Seller of 1440 Highland lake ans 2969 Sweetbriar		
Karen W Hester	1551 Annapolis Way Grayson, GA 30017-1097	Fraud at Sweetbriar Seller of 1440 Highland lake ans 2969 Sweetbriar		
Weissman PC	One Alliance Center 4th floor 3500 Lenox Rd Atlanta, GA 30326	File 8931 1440 Highland Lake DR		
William C Grossman Law PLLC	5965 Transit RD Ste 300 East Amherst NY 14051	3547 Habersham at Northlake Bldg F		

Fill in this information to identify your case:

Debtor 1	<u>Cassandra Johnson Landry</u>		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)			
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: Northern District of Georgia			
Case number (if known)			

☐ Check if this is an amended filing

Official Form 106E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Property* (Official Form 106A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 106G). Do not include any creditors with partially secured claims that are listed in *Schedule D: Creditors Who Have Claims Secured by Property*. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

Part 1: List All of Your PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims against you?

- ☐ No. Go to Part 2.
☒ Yes.

2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.
(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

Total claim	Priority amount	Nonpriority amount
-------------	-----------------	--------------------

2.1 DeKalb County Tax Commissioner
Priority Creditor's Name
Collection Division
Number PO Box 100004 Street
Decatur GA 30031-700
City State ZIP Code
Who incurred the debt? Check one.
☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt
Is the claim subject to offset?
☐ No
☒ Yes

Last 4 digits of account number 1 0 0 9 \$ 7508.05 \$ 7,508.05 \$

When was the debt incurred? 2017

As of the date you file, the claim is: Check all that apply.

- ☒ Contingent
☐ Unliquidated
☐ Disputed

Type of PRIORITY unsecured claim:

- ☐ Domestic support obligations
☒ Taxes and certain other debts you owe the government
☐ Claims for death or personal injury while you were intoxicated
☐ Other. Specify _____

2.2 Delong, Caldwell, Bridgers,
Priority Creditor's Name
Fitzpatrick & Benjamin LLC
Number 101 Marietta NW Ste 3100 Street
Atlanta GA 30303
City State ZIP Code
Who incurred the debt? Check one.
☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☒ At least one of the debtors and another
☐ Check if this claim is for a community debt
Is the claim subject to offset?
☐ No
☒ Yes

Last 4 digits of account number 1 7 3 4 \$ 30,000.00 \$ 30,000.00 \$

When was the debt incurred? 05/27/2016

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☒ Disputed

Type of PRIORITY unsecured claim:

- ☐ Domestic support obligations
☐ Taxes and certain other debts you owe the government
☐ Claims for death or personal injury while you were intoxicated
☒ Other. Specify Lawsuit award/conflict of interest

Debtor 1

First Name Middle Name Last Name

Part 1: Your PRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.

Total claim Priority amount Nonpriority amount

2.3

Department of the Treasury

Priority Creditor's Name

PO Box 145566

Number Street

ACS Support Stop 813G

Cincinnati OH45250

City State ZIP Code

Last 4 digits of account number 9 0 8 6

\$ 13,187.00 \$ 13,187.00 \$

When was the debt incurred? 12/31/2012

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☐ No
☒ Yes

Type of PRIORITY unsecured claim:

- ☐ Domestic support obligations
☒ Taxes and certain other debts you owe the government
☐ Claims for death or personal injury while you were intoxicated
☐ Other. Specify

Priority Creditor's Name

Number Street

City State ZIP Code

Last 4 digits of account number \$ \$ \$

When was the debt incurred?

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☐ No
☐ Yes

Type of PRIORITY unsecured claim:

- ☐ Domestic support obligations
☐ Taxes and certain other debts you owe the government
☐ Claims for death or personal injury while you were intoxicated
☐ Other. Specify

Priority Creditor's Name

Number Street

City State ZIP Code

Last 4 digits of account number \$ \$ \$

When was the debt incurred?

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☐ No
☐ Yes

Type of PRIORITY unsecured claim:

- ☐ Domestic support obligations
☐ Taxes and certain other debts you owe the government
☐ Claims for death or personal injury while you were intoxicated
☐ Other. Specify

Part 3: List Others to Be Notified About a Debt That You Already Listed

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Parnell and Parnell

Name

PO Box 2139

Number Street

Montgomery

AL

36102

City

State

ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line ____ of (Check one): ☒ Part 1: Creditors with Priority Unsecured Claims

☐ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 2 0 0 3

CACH LLC Harold Scheer and Joseph Ranieri

Name

Number Street

City

State

ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line ____ of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims

☐ Part 2: Creditors with Nonpriority Unsecured

Claims

Last 4 digits of account number ____

Name

Number Street

City

State

ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line ____ of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims

☐ Part 2: Creditors with Nonpriority Unsecured

Claims

Last 4 digits of account number ____

Name

Number Street

City

State

ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line ____ of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims

☐ Part 2: Creditors with Nonpriority Unsecured

Claims

Last 4 digits of account number ____

Name

Number Street

City

State

ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line ____ of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims

☐ Part 2: Creditors with Nonpriority Unsecured

Claims

Last 4 digits of account number ____

Name

Number Street

City

State

ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line ____ of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims

☐ Part 2: Creditors with Nonpriority Unsecured

Claims

Last 4 digits of account number ____

Name

Number Street

City

State

ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line ____ of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims

☐ Part 2: Creditors with Nonpriority Unsecured

Claims

Last 4 digits of account number ____

Debtor 1 Cassandra Johnson Landry

Debtor 2 N/A

United States Bankruptcy Court for the: Northern District of Georgia

Case number _____

Location in
Part 1/2 Account
Number

Schedule D 106E/F Others to be notified about Part 1 or 2

Amerigroup Corporation (Delaware)	4425 Corporation Lane Virginia Beach, VA 23462	1
Amerigroup Corporation (Delaware) C/O C T Corporation System	289 S Culver St Lawrenceville GA 30046-4805	1
Amerigroup Corporation (Delaware) Kathleen S Keifer	120 Monument Cir Indianapolis, IN 46204	1
Valeri Burnough Valeri Burnough	7842 Clearview Cir Riverdale, GA 30296 402 Preston Landing Cir Lithia Springs GA 30122	1 1:16cv01734LMM 1:16cv01734LMM 1
Honorable Justin S. Anand US Magistrate Judge	1868 Richard B Russell Federal Bldg and US Courthouse 75 Ted Turner Drive SW Atlanta, GA 30303-3309	Burnough Lawsuit Judgement 1
Honorable Leigh Martin May US District Judge	2167 Richard B Russell Federal Bldg and US Courthouse 75 Ted Turner Drive SW Atlanta, GA 30303-3309	Burnough Lawsuit Judgement 1
Judy Fitzgerald, Commissioner Georgia Department of Behavioral Health & C	Two Peachtree St NW 24th Floor Atlanta, GA 30303	DFACS 2
Kimberly Ryan, Chair Georgia Department of Behavioral Health & C	Two Peachtree St NW 24th Floor Atlanta, GA 30303	DFACS 2
Ellice P. Martin, Secretary Georgia Department of Behavioral Health & C	Two Peachtree St NW 24th Floor Atlanta, GA 30303	DFACS 2
P Brian Campbell 106755 Assistant Attorney General	456 Athens ST Jefferson, GA 3045	DFACS 2
Christopher M Carr 112505 Attorney General	456 Athens ST Jefferson, GA 3045	DFACS 2
Annette M Cowart 191199 Deputy Attorney General	456 Athens ST Jefferson, GA 3045	DFACS 2
Shalen Nelson 636575 Senior Assistant Attorney General	456 Athens ST Jefferson, GA 3045	DFACS 2
Michelle Townes 714924 Assistant Attorney General	456 Athens ST Jefferson, GA 3045	DFACS 2
National Board of Certified Counselors Andreea Tiganus	3 Terrace Way Greensboro, NC 27403-3660	DFACS 2
Richard Green II, Administrative Judge	191 Peachtree St NE Ste 3275 Atlanta, Ga 30303	DFACS 2

Debtor 1 Cassandra Johnson Landry

Debtor 2 N/A

United States Bankruptcy Court for the: Northern District of Georgia

Case number _____

Green & Associates PC

Location in Account

Tamera Bell

5220 North Somerset LN
Alpharetta GA 30080

16cv5670-8

2

Tamera Bell

c/o Mzekewe Legal LLC

PO Box 849
Atlanta, GA 30301

16cv5670-8

2

Dorion Murry Attorney at Law

5300 Memorial Dr Ste 138
Stone Mountain GA 30083

DFACS

Debtor 1 Cassandra Johnson Landry
Debtor 2 N/A
United States Bankruptcy Court for the Northern District of Georgia
Case number _____

*NonPriority Unsecured Claims/other
Part 2*

		Location In	Account		
Alpha Recovery Corporation	5660 Greenwood Plaza Blvd Ste 101 Greenwood Village, CO				
Comcast			86852		
Convergent Outsourcing Inc	PO Box 9004 Renton, WA 98057	Tmobile	2905		
CREDENCE RESOURCE MANAGEMENT	17000 DALLAS PARKWAY SUITE 204	Medical	1100	877.5	
Credit Central Services LLC	9550 Regency Square Blvd Suite 500A Jacksonville, FL 32225	Acct: 3184		11,439.52	
EASTSIDE MEDICAL	PO BOX 740765 CINCINNATI OH 45274-0765		3627	150	
Freshview Solutions	10865 Grandview Dr Ste 200 Overland Park, KS				
Georgia Department of Behavioral Health & Developmental Disabilities Commissioner's Office Judy Fitzgerald	Two Peachtree Street, N.W. 24th Floor Atlanta, Georgia 30303		DD6H		
Georgia Department of Behavioral Health & Developmental Disabilities Commissioner's Office Frank Berry	Two Peachtree Street, N.W. 24th Floor Atlanta, Georgia 30303		DD6H		
Georgia Power C/O Kevin Pearson	241 RALPH MCGILL BLVD NE, 8th #10180, ATLANTA, GA, 30308-3374			5012 5021	6035 5003
GWINNETT COUNTY FIRE AND EMERGENCY SERVICES	480 BEDFORD RD BLDG 600 2ND FLOOR CHAPPAQUA NY 10514	Medical	1473	150	
GWINNETT COUNTY FIRE AND EMERGENCY SERVICES	480 BEDFORD RD BLDG 600 2ND FLOOR CHAPPAQUA NY 10514	Medical	9566	150	
MARK S ZEMELMAN Kaiser Permanente Liberty Mutual	ONE KAISER PLAZA, OAKLAND, CA, 94612, USA	Medical		6500	
PNC Bank National Association Inc	300 Fifth Avenue Pittsburgh, PA 15222-2401				
PNC Bank National Association Inc C/O Corporation Service Company	40 Technology Pkwy South, Ste 300 Norcross, GA 30092				
PNC Bank National Association Inc C/O Christi Davis, Board Secretary	300 Fifth Avenue Pittsburgh, PA 15222-2401				
Safeco Insurance					Homeowner's Policy 1440 Highland Lake
Sound Telecom	PO Box 789050 Philadelphia, PA 19178			6661	
Dorion Murry Attorney at Law	5300 Memorial Dr Ste 138 Stone Mountain GA 30083				

Debtor 1

First Name Middle Name Last Name

Part 2: List All of Your NONPRIORITY Unsecured Claims

3. Do any creditors have nonpriority unsecured claims against you?

- ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.
☒ Yes

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

4.1 Advantage Collection
Nonpriority Creditor's Name

Number Street
City State ZIP Code

Who incurred the debt? Check one.
☐ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☒ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?
☒ No
☐ Yes

Last 4 digits of account number 5102 Total claim \$ 300

When was the debt incurred?

As of the date you file, the claim is: Check all that apply.
☐ Contingent
☒ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:
☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify Alarm System

4.2 American Express Delta Sky Miles
Nonpriority Creditor's Name

PO Box 297871
Number Street
Fort Lauderdale FL 33329
City State ZIP Code

Who incurred the debt? Check one.
☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?
☒ No
☐ Yes

Last 4 digits of account number 2003 Total claim \$ 13,312.03

When was the debt incurred? 02/08/2003

As of the date you file, the claim is: Check all that apply.
☐ Contingent
☒ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:
☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify Credit Card

4.3 Cach LLC/Resurgent Capital Services
Nonpriority Creditor's Name

PO Box 5235
Number Street
Greenville SC 29602
City State ZIP Code

Who incurred the debt? Check one.
☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?
☒ No
☐ Yes

Last 4 digits of account number 0569 Total claim \$ 31,182.00

When was the debt incurred? 03/30/2016

As of the date you file, the claim is: Check all that apply.
☐ Contingent
☒ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:
☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify Credit Card

Debtor 1

First Name Middle Name Last Name

Case number (if known)

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

Nonpriority Creditor's Name

Number Street

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number

\$

When was the debt incurred?

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☒ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify Credit Card

4.4 The Bureaus/Capital One

Nonpriority Creditor's Name

1717 Central St

Number Street

Evanston IL 60201

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☐ No
☒ Yes

Last 4 digits of account number 5 5 3 7

\$ 13,312.00

When was the debt incurred? 09/21/2016

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☒ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☐ Other. Specify

4.5 The Bureaus/Capital One

Nonpriority Creditor's Name

1717 Central St

Number Street

Evanston IL 60201

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☐ No
☐ Yes

Last 4 digits of account number 4 0 0 2

\$ 11,439.00

When was the debt incurred? 08/08/2016

As of the date you file, the claim is: Check all that apply.

- ☒ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify Personal guarantor

Debtor 1

Cassandra Johnson
 First Name Middle Name Last Name

Page 59 of 86

Case number (if known)

Part 2: List All of Your NONPRIORITY Unsecured Claims**3. Do any creditors have nonpriority unsecured claims against you?**

- ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.
☒ Yes

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

<p>4.1 <u>Huron Law Group</u></p> <p>Nonpriority Creditor's Name</p> <p><u>34851 Harry S Truman Blvd</u></p> <p>Number Street</p> <p><u>St Charles</u> <u>MO</u> <u>63301</u></p> <p>City State ZIP Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <u>7 6 8 5</u></p> <p>When was the debt incurred? <u>05/03/2016</u></p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Debt consolidation</u></p>	<p>Total claim</p> <p>\$ <u>5000.00</u></p>
---	--	--

<p>4.2 <u>Synchrony Bank (Sam's Club)</u></p> <p>Nonpriority Creditor's Name</p> <p><u>Midland Funding 1355 Roswell Rd Ste 240</u></p> <p>Number Street</p> <p><u>Marietta</u> <u>GA</u> <u>30062</u></p> <p>City State ZIP Code</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <u>0 8 0 4</u></p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Credit Card</u></p>	<p>\$ <u>9000.00</u></p>
---	---	--------------------------

<p>4.3 <u>Neiman Marcus</u></p> <p>Nonpriority Creditor's Name</p> <p><u>PO Box 5235</u></p> <p>Number Street</p> <p><u>Carol Stream</u> <u>IL</u> <u>60197</u></p> <p>City State ZIP Code</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <u>2 5 0 8</u></p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Credit Card</u></p>	<p>\$ <u>13000.00</u></p>
---	--	---------------------------

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.4 American Express Delta Sky Miles

Nonpriority Creditor's Name
 PO Box 1270
 Number Street
 Newark NJ 07101
 City State ZIP Code

Last 4 digits of account number 2 0 0 3 \$ 13000.00

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

☒ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:
☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify Credit Card

Who incurred the debt? Check one.
☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?
☒ No
☐ Yes

4.10 Southwest Chase

Nonpriority Creditor's Name
 PO Box 1423
 Number Street
 Charlotte NC 282
 City State ZIP Code

Last 4 digits of account number 3 8 7 2 \$ 1045.42

When was the debt incurred? 10/2017

As of the date you file, the claim is: Check all that apply.

☐ Contingent
☐ Unliquidated
☒ Disputed

Type of NONPRIORITY unsecured claim:
☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☐ Other. Specify _____

Who incurred the debt? Check one.
☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?
☐ No
☐ Yes

4.11 Sound Telecom

Nonpriority Creditor's Name
 PO Box 789050
 Number Street
 Philadelphia PA 19172
 City State ZIP Code

Last 4 digits of account number 6 6 6 1 \$ 1045.42

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply.

☒ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:
☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify Personal guarantor

Who incurred the debt? Check one.
☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?
☐ No
☐ Yes

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

		Total claim
Total claims from Part 1	6a. Domestic support obligations	6a. \$ <u>0</u>
	6b. Taxes and certain other debts you owe the government	6b. \$ <u>0</u>
	6c. Claims for death or personal injury while you were intoxicated	6c. \$ <u>0</u>
	6d. Other. Add all other priority unsecured claims. Write that amount here.	6d. + \$ <u>37,508.05</u>
6e. Total. Add lines 6a through 6d.		6e. <div style="border: 1px solid black; padding: 2px;">\$ <u>37,508.05</u></div>

		Total claim
Total claims from Part 2	6f. Student loans	6f. \$ <u>0</u>
	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g. \$ <u>0</u>
	6h. Debts to pension or profit-sharing plans, and other similar debts	6h. \$ <u>0</u>
	6i. Other. Add all other nonpriority unsecured claims. Write that amount here.	6i. + \$ <u>187,041.80</u>
6j. Total. Add lines 6f through 6i.		6j. <div style="border: 1px solid black; padding: 2px;">\$ <u>224,549.80</u></div>

Fill in this information to identify your case:

Debtor **Cassandra Johnson Landry**
First Name Middle Name Last Name
Debtor 2
(Spouse if filing) First Name Middle Name Last Name
United States Bankruptcy Court for the: District of
Case number
(if known)

☐ Check if this is an
amended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

1. Do you have any executory contracts or unexpired leases?
☒ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
☐ Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Property* (Official Form 106A/B).
2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

	Person or company with whom you have the contract or lease	State what the contract or lease is for
2.1	<p>Name <u>N/A</u></p> <p>Number Street</p> <p>City State ZIP Code</p>	
2.2	<p>Name</p> <p>Number Street</p> <p>City State ZIP Code</p>	
2.3	<p>Name</p> <p>Number Street</p> <p>City State ZIP Code</p>	
2.4	<p>Name</p> <p>Number Street</p> <p>City State ZIP Code</p>	
2.5	<p>Name</p> <p>Number Street</p> <p>City State ZIP Code</p>	

Debtor 1 **Cassandra Johnson Landry**
First Name Middle Name Last Name

Case number (if known) _____

Additional Page If You Have More Contracts or Leases

Person or company with whom you have the contract or lease

What the contract or lease is for

22	Name _____ Number _____ Street _____ City _____ State _____ ZIP Code _____	
2	Name _____ Number _____ Street _____ City _____ State _____ ZIP Code _____	
2	Name _____ Number _____ Street _____ City _____ State _____ ZIP Code _____	
2	Name _____ Number _____ Street _____ City _____ State _____ ZIP Code _____	
2	Name _____ Number _____ Street _____ City _____ State _____ ZIP Code _____	
2	Name _____ Number _____ Street _____ City _____ State _____ ZIP Code _____	
2	Name _____ Number _____ Street _____ City _____ State _____ ZIP Code _____	
2	Name _____ Number _____ Street _____ City _____ State _____ ZIP Code _____	

Fill in this information to identify your case:

Debtor 1 Cassandra Johnson Landry
First Name Middle Name Last Name

Debtor 2 _____
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the Northern District of Georgia

Case number _____
(if known)

☐ Check if this is an amended filing

Official Form 106H

Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

1. Do you have any codebtors? (If you are filing a joint case, do not list either spouse as a codebtor.)

☐ No

☒ Yes

2. Within the last 8 years, have you lived in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

☒ No. Go to line 3.

☐ Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?

☐ No

☐ Yes. In which community state or territory did you live? _____ Fill in the name and current address of that person.

Name of your spouse, former spouse, or legal equivalent

Number Street

City State ZIP Code

3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.

Column 1: Your codebtor

Column 2: The creditor to whom you owe the debt

Check all schedules that apply:

☒ Schedule D, line 218

☐ Schedule E/F, line _____

☐ Schedule G, line _____

☒ Schedule D, line except 218

☐ Schedule E/F, line _____

☐ Schedule G, line _____

☒ Schedule D, line 210

☐ Schedule E/F, line _____

☐ Schedule G, line _____

3.1

Jeffery Atkinson

100 Galleria Parkway SE #400

Atlanta, GA 30339

3.2

Jay Landry

869 Watcher Valley Trace

Grayson, GA 30017

3.3

Alliance For Change Through Treatment

2541 Habersham at Northlake Bldg

Decatur, GA 30034

Debtor 1

Cassandra Johnson Landry

First Name Middle Name Last Name

Case number (if known)

Additional Page to List More Codebtors

Column 1: Your codebtor

Column 2: The creditor to whom you owe the debt

Check all schedules that apply:

3_

Name

Number Street

City

State

ZIP Code

☐ Schedule D, line _____

☐ Schedule E/F, line _____

☐ Schedule G, line _____

3_

Name

Number Street

City

State

ZIP Code

☐ Schedule D, line _____

☐ Schedule E/F, line _____

☐ Schedule G, line _____

3_

Name

Number Street

City

State

ZIP Code

☐ Schedule D, line _____

☐ Schedule E/F, line _____

☐ Schedule G, line _____

3_

Name

Number Street

City

State

ZIP Code

☐ Schedule D, line _____

☐ Schedule E/F, line _____

☐ Schedule G, line _____

3_

Name

Number Street

City

State

ZIP Code

☐ Schedule D, line _____

☐ Schedule E/F, line _____

☐ Schedule G, line _____

3_

Name

Number Street

City

State

ZIP Code

☐ Schedule D, line _____

☐ Schedule E/F, line _____

☐ Schedule G, line _____

3_

Name

Number Street

City

State

ZIP Code

☐ Schedule D, line _____

☐ Schedule E/F, line _____

☐ Schedule G, line _____

3_

Name

Number Street

City

State

ZIP Code

☐ Schedule D, line _____

☐ Schedule E/F, line _____

☐ Schedule G, line _____

Fill in this information to identify your case:

Debtor 1 Cassandra Johnson Landry
First Name Middle Name Last Name

Debtor 2
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: _____ District of _____

Case number _____
(If known)

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing postpetition chapter 13 income as of the following date:

MM / DD / YYYY _____

Official Form 106I

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment

1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

Employment status

- ☒ Employed
☐ Not employed

- ☐ Employed
☐ Not employed

Occupation

Counselor

Employer's name

Attachment and Bonding Center

Employer's address

3547 Habersham @ Northlake

Number Street

Number Street

Tucker GA

30084

City State ZIP Code

City State ZIP Code

How long employed there? 15 years

15 years

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

	For Debtor 1	For Debtor 2 or non-filing spouse
2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	2. \$ <u>5,500.00</u>	\$ <u>4,500.00</u>
3. Estimate and list monthly overtime pay.	3. + \$ _____	+ \$ _____
4. Calculate gross income. Add line 2 + line 3.	4. <u>\$ 5,500.00</u>	<u>\$ 4,500.00</u>

Debtor 1

Cassandra Johnson Landry

First Name Middle Name Last Name

Case number (if known)

	For Debtor 1	For Debtor 2 or non-filing spouse
Copy line 4 here..... → 4.	\$ 5,500.00	\$ 4,500.00
5. List all payroll deductions:		
5a. Tax, Medicare, and Social Security deductions	5a. \$ 519.00	\$ 467.00
5b. Mandatory contributions for retirement plans	5b. \$	\$
5c. Voluntary contributions for retirement plans	5c. \$	\$ 200.00
5d. Required repayments of retirement fund loans	5d. \$	\$
5e. Insurance	5e. \$	\$ 225.00
5f. Domestic support obligations	5f. \$	\$
5g. Union dues	5g. \$	\$
5h. Other deductions. Specify: _____	5h. + \$	+ \$
6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h.	6. \$ 519.00	\$ 892.00
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7. \$ 4,981.00	\$ 3,608.00
8. List all other income regularly received:		
8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a. \$	\$
8b. Interest and dividends	8b. \$	\$
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c. \$	\$
8d. Unemployment compensation	8d. \$	\$
8e. Social Security	8e. \$	\$
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: _____	8f. \$	\$
8g. Pension or retirement income	8g. \$	\$
8h. Other monthly income. Specify: <u>Parents Contribution</u>	8h. + \$ 2,800.00	+ \$
9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h.	9. \$ 0.00	\$ 0.00
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$ 7,781.00 +	\$ 3,608.00 = \$ 11,389.00
11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: _____		
12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the <i>Summary of Your Assets and Liabilities and Certain Statistical Information</i> , if it applies		12. \$ 11,389.00 Combined monthly income
13. Do you expect an increase or decrease within the year after you file this form? <input type="checkbox"/> No. <input checked="" type="checkbox"/> Yes. Explain: <u>I am expecting a settlement from a lawsuit.</u>		

Fill in this information to identify your case:

Debtor 1 Cassandra Johnson Landry
First Name Middle Name Last Name

Debtor 2
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: _____ District of _____

Case number _____
(If known)

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing postpetition chapter 13 expenses as of the following date:

MM / DD / YYYY _____

Official Form 106J

Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household

1. Is this a joint case?

- ☒ No. Go to line 2.
- ☐ Yes. Does Debtor 2 live in a separate household?
- ☐ No
- ☐ Yes. Debtor 2 must file Official Form 106J-2, *Expenses for Separate Household of Debtor 2*.

2. Do you have dependents?

- ☒ No
- ☐ Yes. Fill out this information for each dependent.....

Do not list Debtor 1 and Debtor 2.

Do not state the dependents' names.

Dependent's relationship to Debtor 1 or Debtor 2

Dependent's age

Does dependent live with you?

- ☐ No
- ☐ Yes
- ☐ No
- ☐ Yes
- ☐ No
- ☐ Yes
- ☐ No
- ☐ Yes
- ☐ No
- ☐ Yes

3. Do your expenses include expenses of people other than yourself and your dependents?

- ☐ No
- ☒ Yes

Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental *Schedule J*, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on *Schedule I: Your Income* (Official Form 106I.)

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

Your expenses

4. \$ 2,603.00

If not included in line 4:

- 4a. Real estate taxes
- 4b. Property, homeowner's, or renter's insurance
- 4c. Home maintenance, repair, and upkeep expenses
- 4d. Homeowner's association or condominium dues

4a. \$

4b. \$

4c. \$

4d. \$ 150.00

Debtor 1 **Cassandra Johnson Landry**
First Name Middle Name Last Name

Case number (if known) _____

Your expenses

- | | | | |
|---|------|----|----------|
| 5. Additional mortgage payments for your residence, such as home equity loans | 5. | \$ | 500.00 |
| 6. Utilities: | | | |
| 6a. Electricity, heat, natural gas | 6a. | \$ | 293.00 |
| 6b. Water, sewer, garbage collection | 6b. | \$ | 175.00 |
| 6c. Telephone, cell phone, Internet, satellite, and cable services | 6c. | \$ | 75.00 |
| 6d. Other. Specify: _____ | 6d. | \$ | |
| 7. Food and housekeeping supplies | 7. | \$ | 300.00 |
| 8. Childcare and children's education costs | 8. | \$ | |
| 9. Clothing, laundry, and dry cleaning | 9. | \$ | 20.00 |
| 10. Personal care products and services | 10. | \$ | 25.00 |
| 11. Medical and dental expenses | 11. | \$ | 35.00 |
| 12. Transportation. Include gas, maintenance, bus or train fare.
Do not include car payments. | 12. | \$ | 250.00 |
| 13. Entertainment, clubs, recreation, newspapers, magazines, and books | 13. | \$ | 50.00 |
| 14. Charitable contributions and religious donations | 14. | \$ | 345.00 |
| 15. Insurance.
Do not include insurance deducted from your pay or included in lines 4 or 20. | | | |
| 15a. Life insurance | 15a. | \$ | 175.00 |
| 15b. Health insurance | 15b. | \$ | |
| 15c. Vehicle insurance | 15c. | \$ | 154.00 |
| 15d. Other insurance. Specify: _____ | 15d. | \$ | |
| 16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.
Specify: _____ | 16. | \$ | |
| 17. Installment or lease payments: | | | |
| 17a. Car payments for Vehicle 1 | 17a. | \$ | 250.00 |
| 17b. Car payments for Vehicle 2 | 17b. | \$ | |
| 17c. Other. Specify: _____ | 17c. | \$ | |
| 17d. Other. Specify: _____ | 17d. | \$ | |
| 18. Your payments of alimony, maintenance, and support that you did not report as deducted from
your pay on line 5, <i>Schedule I, Your Income</i> (Official Form 106I). | 18. | \$ | |
| 19. Other payments you make to support others who do not live with you.
Specify: _____ | 19. | \$ | |
| 20. Other real property expenses not included in lines 4 or 5 of this form or on <i>Schedule I: Your Income</i> . | | | |
| 20a. Mortgages on other property | 20a. | \$ | 4,466.00 |
| 20b. Real estate taxes | 20b. | \$ | |
| 20c. Property, homeowner's, or renter's insurance | 20c. | \$ | |
| 20d. Maintenance, repair, and upkeep expenses | 20d. | \$ | |
| 20e. Homeowner's association or condominium dues | 20e. | \$ | 75.00 |

Debtor 1 **Cassandra Johnson Landry**
First Name Middle Name Last Name

Case number (if known) _____

21. Other. Specify: _____

21. +\$ _____

22. Calculate your monthly expenses.

22a. Add lines 4 through 21.

22a. \$ 9,666.00

22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2

22b. \$ _____

22c. Add line 22a and 22b. The result is your monthly expenses.

22c. \$ 9,666.00

23. Calculate your monthly net income.

23a. Copy line 12 (*your combined monthly income*) from Schedule I.

23a. \$ 11,389.00

23b. Copy your monthly expenses from line 22c above.

23b. - \$ 9,666.00

23c. Subtract your monthly expenses from your monthly income.
The result is your *monthly net income*.

23c. \$ 1,723.00

24. Do you expect an increase or decrease in your expenses within the year after you file this form?

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

☐ No.

☒ Yes.

Explain here: I have a title loan on my car and I expect to pay it off in a year.

Fill in this information to identify your case:

Debtor 1 Cassandra Johnson Landry
First Name Middle Name Last Name

Debtor 2
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: Northern District of Georgia

Case number _____
(if known)

☐ Check if this is an amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

Part 1: Summarize Your Assets

Your assets

Value of what you own

1. *Schedule A/B: Property* (Official Form 106A/B)
- 1a. Copy line 55, Total real estate, from *Schedule A/B* \$ 838800
- 1b. Copy line 62, Total personal property, from *Schedule A/B* \$ 964919
- 1c. Copy line 63, Total of all property on *Schedule A/B* \$ 1803719

Part 2: Summarize Your Liabilities

Your liabilities

Amount you owe

2. *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 106D)
- 2a. Copy the total you listed in Column A, *Amount of claim*, at the bottom of the last page of Part 1 of *Schedule D* \$ 4565971
3. *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 106E/F)
- 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of *Schedule E/F* \$ 37508.05
- 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of *Schedule E/F* + \$ 187041.80

Your total liabilities

\$ 224549.90

Part 3: Summarize Your Income and Expenses

4. *Schedule I: Your Income* (Official Form 106I)
- Copy your combined monthly income from line 12 of *Schedule I* \$ 11389
5. *Schedule J: Your Expenses* (Official Form 106J)
- Copy your monthly expenses from line 22c of *Schedule J* \$ 9666

Debtor 1

Cassandra Johnson Landry

First Name Middle Name Last Name

Case number (if known)

Part 4: Answer These Questions for Administrative and Statistical Records

6. Are you filing for bankruptcy under Chapters 7, 11, or 13?

- ☐ No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.
- ☒ Yes

7. What kind of debt do you have?

- ☒ **Your debts are primarily consumer debts.** Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
- ☐ **Your debts are not primarily consumer debts.** You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

8. From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

\$ 12000

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

Total claim

From Part 4 on Schedule E/F, copy the following:

- 9a. Domestic support obligations (Copy line 6a.) \$
- 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) \$ 47695.05
- 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) \$
- 9d. Student loans. (Copy line 6f.) \$
- 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) \$
- 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) + \$
- 9g. **Total.** Add lines 9a through 9f. \$ 47695.05

Fill in this information to identify your case:

Debtor 1 Cassandra Johnson Landry
First Name Middle Name Last Name
Debtor 2
(Spouse, if filing) First Name Middle Name Last Name
United States Bankruptcy Court for the: _____ District of _____
Case number _____
(if known)

☐ Check if this is an
amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

☒ No

☐ Yes. Name of person _____ Attach Bankruptcy Petition Preparer's Notice, Declaration, and
Signature (Official Form 119).

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

x Cassandra Landry
Signature of Debtor 1

x _____
Signature of Debtor 2

Date 04/02/2018
MM / DD / YYYY

Date _____
MM / DD / YYYY

Fill in this information to identify your case:

Debtor 1 Cassandra Johnson Landry
First Name Middle Name Last Name

Debtor 2 _____
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: _____ District of _____

Case number _____
(if known)

Check as directed in lines 17 and 21:

According to the calculations required by this Statement:

- ☐ 1. Disposable income is not determined under 11 U.S.C. § 1325(b)(3).
- ☐ 2. Disposable income is determined under 11 U.S.C. § 1325(b)(3).
- ☐ 3. The commitment period is 3 years.
- ☐ 4. The commitment period is 5 years.

☐ Check if this is an amended filing

Official Form 122C-1

Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

Part 1: Calculate Your Average Monthly Income

1. What is your marital and filing status? Check one only.

- ☐ Not married. Fill out Column A, lines 2-11.
- ☐ Married. Fill out both Columns A and B, lines 2-11.

Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.

Column A
Debtor 1

Column B
Debtor 2 or
non-filing spouse

2. Your gross wages, salary, tips, bonuses, overtime, and commissions (before all payroll deductions).

\$5,500.00 \$4,500.00

3. Alimony and maintenance payments. Do not include payments from a spouse.

\$ _____ \$ _____

4. All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Do not include payments from a spouse. Do not include payments you listed on line 3.

\$ _____ \$ _____

5. Net income from operating a business, profession, or farm

Debtor 1 Debtor 2

Gross receipts (before all deductions) \$ _____ \$ _____

Ordinary and necessary operating expenses - \$ _____ - \$ _____

Net monthly income from a business, profession, or farm \$ _____ \$ _____

Copy here →

\$ _____ \$ _____

6. Net income from rental and other real property

Debtor 1 Debtor 2

Gross receipts (before all deductions) \$ _____ \$ _____

Ordinary and necessary operating expenses - \$ _____ - \$ _____

Net monthly income from rental or other real property \$ _____ \$ _____

Copy here →

\$ _____ \$ _____

Debtor 1

Cassandra Johnson Landry

First Name Middle Name Last Name

Case number (if known)

	Column A Debtor 1	Column B Debtor 2 or non-filing spouse
7. Interest, dividends, and royalties	\$ _____	\$ _____
8. Unemployment compensation	\$ _____	\$ _____
Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here: \downarrow		
For you	\$ _____	
For your spouse	\$ _____	
9. Pension or retirement income. Do not include any amount received that was a benefit under the Social Security Act.	\$ _____	\$ _____
10. Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism. If necessary, list other sources on a separate page and put the total below.		
<u>Parent Contribution</u>	\$ <u>2,000.00</u>	\$ _____
	\$ _____	\$ _____
Total amounts from separate pages, if any.	+ \$ <u>1,500.00</u>	+ \$ <u>4,500.00</u>
11. Calculate your total average monthly income. Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B.	<u>\$7,500.00</u>	<u>\$4,500.00</u>
	= <u>\$12,000.00</u>	
	Total average monthly income	

Part 2: Determine How to Measure Your Deductions from Income

12. Copy your total average monthly income from line 11. \$12,000.00

13. Calculate the marital adjustment. Check one:

☐ You are not married. Fill in 0 below.

☒ You are married and your spouse is filing with you. Fill in 0 below.

☒ You are married and your spouse is not filing with you.

Fill in the amount of the income listed in line 11, Column B, that was NOT regularly paid for the household expenses of you or your dependents, such as payment of the spouse's tax liability or the spouse's support of someone other than you or your dependents.

Below, specify the basis for excluding this income and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page.

If this adjustment does not apply, enter 0 below.

_____	\$ _____
_____	\$ _____
_____	+ \$ _____
Total	\$ _____

Copy here \Rightarrow 0

14. Your current monthly income. Subtract the total in line 13 from line 12. \$12,000.00

15. Calculate your current monthly income for the year. Follow these steps:

15a. Copy line 14 here \Rightarrow \$12,000.00

Multiply line 15a by 12 (the number of months in a year).

$\times 12$

15b. The result is your current monthly income for the year for this part of the form. \$144,000.00

Debtor 1

Cassandra Johnson Landry

First Name Middle Name Last Name

Case number (if known)

16. Calculate the median family income that applies to you. Follow these steps:

16a. Fill in the state in which you live. GA

16b. Fill in the number of people in your household. 2

16c. Fill in the median family income for your state and size of household. \$57,617

To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.

17. How do the lines compare?

17a. ☐ Line 15b is less than or equal to line 16c. On the top of page 1 of this form, check box 1, *Disposable income is not determined under 11 U.S.C. § 1325(b)(3)*. Go to Part 3. Do NOT fill out *Calculation of Your Disposable Income* (Official Form 122C-2).

17b. ☐ Line 15b is more than line 16c. On the top of page 1 of this form, check box 2, *Disposable income is determined under 11 U.S.C. § 1325(b)(3)*. Go to Part 3 and fill out *Calculation of Your Disposable Income* (Official Form 122C-2). On line 39 of that form, copy your current monthly income from line 14 above.

Part 3: Calculate Your Commitment Period Under 11 U.S.C. § 1325(b)(4)

18. Copy your total average monthly income from line 11. \$12,000.00

19. Deduct the marital adjustment if it applies. If you are married, your spouse is not filing with you, and you contend that calculating the commitment period under 11 U.S.C. § 1325(b)(4) allows you to deduct part of your spouse's income, copy the amount from line 13.

19a. If the marital adjustment does not apply, fill in 0 on line 19a. 0

19b. Subtract line 19a from line 18. \$12,000.00

20. Calculate your current monthly income for the year. Follow these steps:

20a. Copy line 19b. \$12,000.00

Multiply by 12 (the number of months in a year). x 12

20b. The result is your current monthly income for the year for this part of the form. \$144,000.00

20c. Copy the median family income for your state and size of household from line 16c. \$57,617

21. How do the lines compare?

☐ Line 20b is less than line 20c. Unless otherwise ordered by the court, on the top of page 1 of this form, check box 3, *The commitment period is 3 years*. Go to Part 4.

☐ Line 20b is more than or equal to line 20c. Unless otherwise ordered by the court, on the top of page 1 of this form, check box 4, *The commitment period is 5 years*. Go to Part 4.

Part 4: Sign Below

By signing here, under penalty of perjury, I declare that the information on this statement and in any attachments is true and correct.

Cassandra Johnson Landry
Signature of Debtor 1

Signature of Debtor 2

Date 02/02/21/18
MM/DD/YYYY

Date _____
MM/DD/YYYY

If you checked 17a, do NOT fill out or file Form 122C-2.

If you checked 17b, fill out Form 122C-2 and file it with this form. On line 39 of that form, copy your current monthly income from line 14 above.

Fill in this information to identify your case:

Debtor 1 Cassandra Johnson Landry
First Name Middle Name Last Name

Debtor 2
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: _____ District of _____

Case number _____
(if known)

☐ Check if this is an amended filing

Official Form 122C-2

Chapter 13 Calculation of Your Disposable Income

04/16

To fill out this form, you will need your completed copy of Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period (Official Form 122C-1).

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

Part 1: Calculate Your Deductions from Your Income

The Internal Revenue Service (IRS) issues National and Local Standards for certain expense amounts. Use these amounts to answer the questions in lines 6-15. To find the IRS standards, go online using the link specified in the separate instructions for this form. This information may also be available at the bankruptcy clerk's office.

Deduct the expense amounts set out in lines 6-15 regardless of your actual expense. In later parts of the form, you will use some of your actual expenses if they are higher than the standards. Do not include any operating expenses that you subtracted from income in lines 5 and 6 of Form 122C-1, and do not deduct any amounts that you subtracted from your spouse's income in line 13 of Form 122C-1.

If your expenses differ from month to month, enter the average expense.

Note: Line numbers 1-4 are not used in this form. These numbers apply to information required by a similar form used in chapter 7 cases.

5. The number of people used in determining your deductions from income

Fill in the number of people who could be claimed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support. This number may be different from the number of people in your household.

2

National Standards

You must use the IRS National Standards to answer the questions in lines 6-7.

6. Food, clothing, and other items: Using the number of people you entered in line 5 and the IRS National Standards, fill in the dollar amount for food, clothing, and other items.

\$ 300.00
(1320)
LJL

7. Out-of-pocket health care allowance: Using the number of people you entered in line 5 and the IRS National Standards, fill in the dollar amount for out-of-pocket health care. The number of people is split into two categories—people who are under 65 and people who are 65 or older—because older people have a higher IRS allowance for health care costs. If your actual expenses are higher than this IRS amount, you may deduct the additional amount on line 22.

Debtor 1

Cassandra Johnson Landry

First Name Middle Name Last Name

Case number (if known)

People who are under 65 years of age

7a. Out-of-pocket health care allowance per person \$ 200

7b. Number of people who are under 65 X CSL

7c. Subtotal. Multiply line 7a by line 7b.

\$ 200

Copy here → \$ 200

People who are 65 years of age or older

7d. Out-of-pocket health care allowance per person \$ N/A

7e. Number of people who are 65 or older X

7f. Subtotal. Multiply line 7d by line 7e.

\$

Copy here → + \$

7g. Total. Add lines 7c and 7f.

\$ 200

Copy here →

Local Standards

You must use the IRS Local Standards to answer the questions in lines 8-15.

Based on information from the IRS, the U.S. Trustee Program has divided the IRS Local Standard for housing for bankruptcy purposes into two parts:

- ☒ Housing and utilities – Insurance and operating expenses
- ☒ Housing and utilities – Mortgage or rent expenses

To answer the questions in lines 8-9, use the U.S. Trustee Program chart. To find the chart, go online using the link specified in the separate instructions for this form. This chart may also be available at the bankruptcy clerk's office.

8. **Housing and utilities – Insurance and operating expenses:** Using the number of people you entered in line 5, fill in the dollar amount listed for your county for insurance and operating expenses.

\$ 400

9. **Housing and utilities – Mortgage or rent expenses:**

9a. Using the number of people you entered in line 5, fill in the dollar amount listed for your county for mortgage or rent expenses.

\$ 1000

9b. Total average monthly payment for all mortgages and other debts secured by your home.

To calculate the total average monthly payment, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Next divide by 60.

Name of the creditor

Average monthly payment

Awen
Carington
Chase

\$ 2502

\$ 3103

+ \$ 1000

9b. Total average monthly payment

\$ 7509

Copy here → - \$ 7509

Repeat this amount on line 33a.

9c. Net mortgage or rent expense.

Subtract line 9b (total average monthly payment) from line 9a (mortgage or rent expense). If this number is less than \$0, enter \$0.

\$ -0-

Copy here →

\$ 7509

10. If you claim that the U.S. Trustee Program's division of the IRS Local Standard for housing is incorrect and affects the calculation of your monthly expenses, fill in any additional amount you claim.

\$ 0

Explain why:

Debtor 1

Cassandra Johnson Landry

First Name Middle Name Last Name

Case number (if known)

11. **Local transportation expenses:** Check the number of vehicles for which you claim an ownership or operating expense.

- ☒ 0. Go to line 14.
☒ 1. Go to line 12.
☐ 2 or more. Go to line 12.

12. **Vehicle operation expense:** Using the IRS Local Standards and the number of vehicles for which you claim the operating expenses, fill in the *Operating Costs* that apply for your Census region or metropolitan statistical area.

\$250

13. **Vehicle ownership or lease expense:** Using the IRS Local Standards, calculate the net ownership or lease expense for each vehicle below. You may not claim the expense if you do not make any loan or lease payments on the vehicle. In addition, you may not claim the expense for more than two vehicles.

Vehicle 1

Describe Vehicle 1

2011 Mercedes-Benz C

13a. Ownership or leasing costs using IRS Local Standard

\$497

13b. Average monthly payment for all debts secured by Vehicle 1.

Do not include costs for leased vehicles.

To calculate the average monthly payment here and on line 13e, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Then divide by 60.

Name of each creditor for Vehicle 1

Average monthly payment

T-Mobile

\$250

+

\$

Total average monthly payment

\$250

Copy here →

-\$250

Repeat this amount on line 33b.

13c. Net Vehicle 1 ownership or lease expense

Subtract line 13b from line 13a. If this number is less than \$0, enter \$0.

\$10

Copy net Vehicle 1 expense here →

\$20

Vehicle 2

Describe Vehicle 2:

13d. Ownership or leasing costs using IRS Local Standard

\$497

13e. Average monthly payment for all debts secured by Vehicle 2.

Do not include costs for leased vehicles.

Name of each creditor for Vehicle 2

Average monthly payment

\$

+

\$

Total average monthly payment

\$

Copy here →

-\$

Repeat this amount on line 33c.

13f. Net Vehicle 2 ownership or lease expense

Subtract line 13e from line 13d. If this number is less than \$0, enter \$0.

\$

Copy net Vehicle 2 expense here →

\$

14. **Public transportation expense:** If you claimed 0 vehicles in line 11, using the IRS Local Standards, fill in the *Public Transportation* expense allowance regardless of whether you use public transportation.

\$0

15. **Additional public transportation expense:** If you claimed 1 or more vehicles in line 11 and if you claim that you may also deduct a public transportation expense, you may fill in what you believe is the appropriate expense, but you may not claim more than the IRS Local Standard for *Public Transportation*.

\$0

Debtor 1

Cassandra Johnson Landry

First Name Middle Name Last Name

Case number (if known)

Other Necessary Expenses

In addition to the expense deductions listed above, you are allowed your monthly expenses for the following IRS categories.

16. **Taxes:** The total monthly amount that you actually pay for federal, state and local taxes, such as income taxes, self-employment taxes, social security taxes, and Medicare taxes. You may include the monthly amount withheld from your pay for these taxes. However, if you expect to receive a tax refund, you must divide the expected refund by 12 and subtract that number from the total monthly amount that is withheld to pay for taxes. Do not include real estate, sales, or use taxes.
17. **Involuntary deductions:** The total monthly payroll deductions that your job requires, such as retirement contributions, union dues, and uniform costs. Do not include amounts that are not required by your job, such as voluntary 401(k) contributions or payroll savings.
18. **Life insurance:** The total monthly premiums that you pay for your own term life insurance. If two married people are filing together, include payments that you make for your spouse's term life insurance. Do not include premiums for life insurance on your dependents, for a non-filing spouse's life insurance, or for any form of life insurance other than term.
19. **Court-ordered payments:** The total monthly amount that you pay as required by the order of a court or administrative agency, such as spousal or child support payments. Do not include payments on past due obligations for spousal or child support. You will list these obligations in line 35.
20. **Education:** The total monthly amount that you pay for education that is either required:
 - as a condition for your job, or
 - for your physically or mentally challenged dependent child if no public education is available for similar services.
21. **Childcare:** The total monthly amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool. Do not include payments for any elementary or secondary school education.
22. **Additional health care expenses, excluding insurance costs:** The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7. Payments for health insurance or health savings accounts should be listed only in line 25.
23. **Optional telephones and telephone services:** The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer. Do not include payments for basic home telephone, internet or cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Form 122C-1, or any amount you previously deducted.
24. **Add all of the expenses allowed under the IRS expense allowances.** Add lines 6 through 23.

\$ 519
467 (Spouse)
1805 200
\$ 225
\$ 0
\$ 0
\$ 0
\$ 40
+ \$ 75
\$ 1916

Additional Expense Deductions

These are additional deductions allowed by the Means Test.

Note: Do not include any expense allowances listed in lines 6-24.

25. **Health insurance, disability insurance, and health savings account expenses.** The monthly expenses for health insurance, disability insurance, and health savings accounts that are reasonably necessary for yourself, your spouse, or your dependents.

Health insurance

\$ 235

Disability insurance

\$

Health savings account

+ \$

Total

\$ 235

Copy total here →

\$ 235

Do you actually spend this total amount?

☐ No. How much do you actually spend?

\$

☐ Yes

26. **Continuing contributions to the care of household or family members.** The actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. These expenses may include contributions to an account of a qualified ABLE program. 26 U.S.C. § 529A(b).

\$ 0

27. **Protection against family violence.** The reasonably necessary monthly expenses that you incur to maintain the safety of you and your family under the Family Violence Prevention and Services Act or other federal laws that apply.

\$ 0

By law, the court must keep the nature of these expenses confidential.

Debtor 1 **Cassandra Johnson Landry**

First Name Middle Name Last Name

Case number (if known)

28. Additional home energy costs. Your home energy costs are included in your insurance and operating expenses on line 8. If you believe that you have home energy costs that are more than the home energy costs included in expenses on line 8, then fill in the excess amount of home energy costs.

You must give your case trustee documentation of your actual expenses, and you must show that the additional amount claimed is reasonable and necessary.

\$ 0

29. Education expenses for dependent children who are younger than 18. The monthly expenses (not more than \$160.42* per child) that you pay for your dependent children who are younger than 18 years old to attend a private or public elementary or secondary school.

You must give your case trustee documentation of your actual expenses, and you must explain why the amount claimed is reasonable and necessary and not already accounted for in lines 6-23.

* Subject to adjustment on 4/01/19, and every 3 years after that for cases begun on or after the date of adjustment.

\$ 0

30. Additional food and clothing expense. The monthly amount by which your actual food and clothing expenses are higher than the combined food and clothing allowances in the IRS National Standards. That amount cannot be more than 5% of the food and clothing allowances in the IRS National Standards.

To find a chart showing the maximum additional allowance, go online using the link specified in the separate instructions for this form. This chart may also be available at the bankruptcy clerk's office.

You must show that the additional amount claimed is reasonable and necessary.

\$ 200

31. Continuing charitable contributions. The amount that you will continue to contribute in the form of cash or financial instruments to a religious or charitable organization. 11 U.S.C. § 548(d)(3) and (4).

Do not include any amount more than 15% of your gross monthly income.

+ \$ 345

32. Add all of the additional expense deductions.

Add lines 25 through 31.

\$ 600

Deductions for Debt Payment

33. For debts that are secured by an interest in property that you own, including home mortgages, vehicle loans, and other secured debt, fill in lines 33a through 33e.

To calculate the total average monthly payment, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Then divide by 60.

Average monthly payment

Mortgages on your home

33a. Copy line 9b here → \$ 7569.

Loans on your first two vehicles

33b. Copy line 13b here → \$ 250

33c. Copy line 13e here → \$ 0

33d. List other secured debts:

Name of each creditor for other secured debt

Identify property that secures the debt

Does payment include taxes or insurance?

☐ No
☐ Yes

\$ _____

☐ No
☐ Yes

\$ _____

☐ No
☐ Yes

+ \$ _____

33e. Total average monthly payment. Add lines 33a through 33d. → \$ 8019

Copy total here →

\$ 8019

Debtor 1

Cassandra Johnson Landry

First Name Middle Name Last Name

Case number (if known)

34. Are any debts that you listed in line 33 secured by your primary residence, a vehicle, or other property necessary for your support or the support of your dependents?

☒ No. Go to line 35.

☐ Yes. State any amount that you must pay to a creditor, in addition to the payments listed in line 33, to keep possession of your property (called the *cure amount*). Next, divide by 60 and fill in the information below.

Name of the creditor	Identify property that secures the debt	Total cure amount	Monthly cure amount
		\$ _____ ÷ 60 =	\$ _____
		\$ _____ ÷ 60 =	\$ _____
		\$ _____ ÷ 60 =	\$ _____
		Total	\$ _____

Copy total here →

\$ _____

35. Do you owe any priority claims—such as a priority tax, child support, or alimony—that are past due as of the filing date of your bankruptcy case? 11 U.S.C. § 507.

☐ No. Go to line 36.

☒ Yes. Fill in the total amount of all of these priority claims. Do not include current or ongoing priority claims, such as those you listed in line 19.

Total amount of all past-due priority claims.

\$ 20,495.05 ÷ 60

\$ 344.92

36. Projected monthly Chapter 13 plan payment

Current multiplier for your district as stated on the list issued by the Administrative Office of the United States Courts (for districts in Alabama and North Carolina) or by the Executive Office for United States Trustees (for all other districts).

To find a list of district multipliers that includes your district, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.

x 10

Average monthly administrative expense

\$ 172.30

Copy total here →

\$ 172.30

37. Add all of the deductions for debt payment. Add lines 33e through 36.

\$ 517.12

Total Deductions from Income

38. Add all of the allowed deductions.

Copy line 24, All of the expenses allowed under IRS expense allowances

\$ 9916

Copy line 32, All of the additional expense deductions

\$ 600

Copy line 37, All of the deductions for debt payment

+ \$ 517.12

Total deductions

\$ 11,033.12

Copy total here →

\$ 11,033.12

Debtor 1

Cassandra Johnson Landry

First Name Middle Name Last Name

Case number (if known)

Part 2: Determine Your Disposable Income Under 11 U.S.C. § 1325(b)(2)

39. Copy your total current monthly income from line 14 of Form 122C-1, Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period. \$1200

40. Fill in any reasonably necessary income you receive for support for dependent children. The monthly average of any child support payments, foster care payments, or disability payments for a dependent child, reported in Part I of Form 122C-1, that you received in accordance with applicable nonbankruptcy law to the extent reasonably necessary to be expended for such child. \$ 0

41. Fill in all qualified retirement deductions. The monthly total of all amounts that your employer withheld from wages as contributions for qualified retirement plans, as specified in 11 U.S.C. § 541(b)(7) plus all required repayments of loans from retirement plans, as specified in 11 U.S.C. § 362(b)(19). \$ 0

42. Total of all deductions allowed under 11 U.S.C. § 707(b)(2)(A). Copy line 38 here \$ 1103.12

43. Deduction for special circumstances. If special circumstances justify additional expenses and you have no reasonable alternative, describe the special circumstances and their expenses. You must give your case trustee a detailed explanation of the special circumstances and documentation for the expenses.

Describe the special circumstances	Amount of expense
_____	\$ _____
_____	\$ _____
_____	+ \$ _____
Total	\$ _____

Copy here

+ \$

44. Total adjustments. Add lines 40 through 43. \$ 1103.12

Copy here

- \$

45. Calculate your monthly disposable income under § 1325(b)(2). Subtract line 44 from line 39. \$ 996.88

Part 3: Change in Income or Expenses

46. Change in income or expenses. If the income in Form 122C-1 or the expenses you reported in this form have changed or are virtually certain to change after the date you filed your bankruptcy petition and during the time your case will be open, fill in the information below. For example, if the wages reported increased after you filed your petition, check 122C-1 in the first column, enter line 2 in the second column, explain why the wages increased, fill in when the increase occurred, and fill in the amount of the increase.

Form	Line	Reason for change	Date of change	Increase or decrease?	Amount of change
<input type="checkbox"/> 122C-1		MIA		<input type="checkbox"/> Increase	\$ _____
<input type="checkbox"/> 122C-2			<input type="checkbox"/> Decrease	\$ _____	
<input type="checkbox"/> 122C-1				<input type="checkbox"/> Increase	\$ _____
<input type="checkbox"/> 122C-2				<input type="checkbox"/> Decrease	\$ _____
<input type="checkbox"/> 122C-1				<input type="checkbox"/> Increase	\$ _____
<input type="checkbox"/> 122C-2				<input type="checkbox"/> Decrease	\$ _____
<input type="checkbox"/> 122C-1				<input type="checkbox"/> Increase	\$ _____
<input type="checkbox"/> 122C-2				<input type="checkbox"/> Decrease	\$ _____

Debtor 1

Cassandra Johnson Landry

First Name Middle Name Last Name

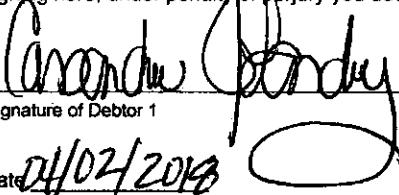
Case number (if known)

Part 4:

Sign Below

By signing here, under penalty of perjury you declare that the information on this statement and in any attachments is true and correct.

x


Signature of Debtor 1

Date

MM / DD / YYYY

04/04/2018

x

Signature of Debtor 2

Date

MM / DD / YYYY

U. S. BANKRUPTCY COURT / NORTHERN DISTRICT OF GEORGIA / ATLANTA DIVISION

RECEIPT #01247252 (HD) OF 04/03/2018

ITEM	CODE	CASE	QUANTITY	AMOUNT	BY
1	13N	18-55697	1	\$ 310.00	Currency
		Judge - unknown at time of receipt			
		Debtor - CASSANDRA JOHNSON LANDRY			

TOTAL: \$ 310.00

FROM: Cassandra Johnson Landry
869 Natchez Valley Trace
Grayson, GA 30017
678-860-3621

Case Number: 18-55697

Petition Name: Landry

Chapter: 13

Please submit the following original documents to the Court for filing so that the case will proceed timely. If you would like to have a filed-stamped copy of the documents, please submit an extra copy along with a self-addressed stamped envelope.

☒ Individual - Series 100 Forms

☐ Non-Individual - Series 200 Forms
MISSING DOCUMENTS DUE WITHIN 7 DAYS

- ☒ Complete List of Creditors (names and addresses of all creditors)
☒ Pro Se Affidavit (due within 7 days, signature must be notarized, or witnessed by a Court Intake Clerk, accompanied by a picture I.D.)
☒ Signed Statement of SSN (due within 7 days)

MISSING DOCUMENTS DUE WITHIN 14 DAYS

- ☐ Statement of Financial Affairs
☐ Schedules: A/B, C, D, E/F, G, H, I, J
☐ Summary of Assets and Liabilities
☐ Declaration About Debtor(s) Schedules
☐ Attorney Disclosure of Compensation
☐ Petition Preparer's Notice, Declaration and Signature (Form 119)
☐ Disclosure of Compensation of Petition Preparer (Form 2800)
☐ Chapter 13 Current Monthly Income
☐ Chapter 7 Current Monthly Income
☐ Chapter 11 Current Monthly Income
☐ Certificate of Credit Counseling (*Individuals only*)
☒ Pay Advices (*Individuals only*) (2 Months)
☒ Chapter 13 Plan, complete with signatures (*local form*)
☐ Corporate Resolution (*Business Ch. 7 & 11*)

MISSING DOCUMENTS DUE WITHIN 30 DAYS

- ☐ Statement of Intent - Ch. 7 (*Individuals only*)

Ch.11 Business

- ☐ 20 Largest Unsecured Creditors
☐ List of Equity Security Holders
☐ Small Business - Balance Sheet
☐ Small Business - Statement of Operations
☐ Small Business - Cash Flow Statement
☐ Small Business - Federal Tax Returns

Petition Deficiencies:

- ☐ Last 4 digits of SSN
☐ Address ☐ County
☐ Type of Debtor
☐ Chapter
☐ Nature of Debts
☐ Statistical Estimates
☐ Venue
☐ Attorney Bar Number

Case filed via:


- ☐ Intake Counter by:
☐ Attorney
☐ Debtor - verified ID
☒ Other - copy of ID : Ethel Wilson Lane
404-809-8011

☐ Mailed by:

- ☐ Attorney
☐ Debtor
☐ Other: _____

History of Case Association

Prior cases within 2 years: n/a

Signature: 
 Acknowledgment of receipt of check list

Official and Local Bankruptcy Forms are available on the Court's website at: www.ganb.uscourts.gov. If filing bankruptcy without an attorney, please read the information regarding *Filing Bankruptcy without an Attorney* at: www.uscourts.gov/services-forms/bankruptcy/filing-without-attorney.

FILING FEE INFORMATION - if the required filing fees are not paid in full at the time of case filing, an Order will be forthcoming:

- ☒ Paid \$ 310.00 ☐ 2g-Order Granting ☐ 3g-Order Granting 7 days (\$75 due within 7 days)
☐ 2d-Order Denying with filing fee of \$ _____ due within 7 days ☐ IFP filed (Ch.7 Individuals Only)
☐ No Application to Pay in Installments, Order Regarding Unpaid Case Filing Fee.

You may mail documents and filing fee payments (no personal checks accepted - cashier's check or money orders only) to the address below.
All fee payments and documents filed with the Court must show the debtor's name and bankruptcy case number.

****Failure to Comply may result in the dismissal of your case.****

UNITED STATES BANKRUPTCY COURT
 75 Ted Turner Drive, SW, Room 1340
 Atlanta, Georgia 30303
 404-215-1000

Intake Clerk: H. D.

Date: 4/3/18

Case Opener:

Date: